

# 1995 DATA

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# COMPENDIUM

Health Care Financing Administration

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*The Health Care Financing Administration (HCFA) is responsible for the Medicare program and Federal participation in State-operated Medicaid plans. HCFA's mission is to finance "...the timely and economic delivery of appropriate health care to eligible beneficiaries." Medicare and Medicaid payment and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.*

*The Data Compendium contains historic, current and projected data on Medicare enrollment and Medicaid recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare or Medicaid programs may be found throughout the publication.*

*This compendium has been prepared for several years for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Division of Health Care Information Services, Office of Health Care Information Systems, Bureau of Data Management and Strategy, with major contributions from the various Bureaus and Offices in HCFA. Data supplied by professional organizations and other Federal agencies is gratefully acknowledged.*

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**Symbols in Tables:**

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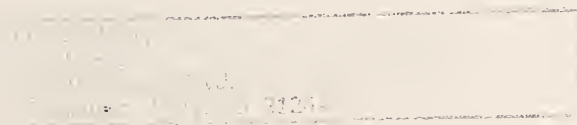
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U.S. Department of Health and Human Services  
Health Care Financing Administration  
Bureau of Data Management and Strategy  
Baltimore, Maryland  
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## I. BUDGET OVERVIEW

Information about the Federal, DHHS and HCFA budgets.

### **HIGHLIGHTS**

- o Medicare benefit payments are expected to increase by 9.4 percent from 1994 to 1995 and by 11.7 percent from 1995 to 1996.*
- o Federal and State Medicaid medical assistance payments are expected to increase by 8.3 percent from 1994 to 1995 and by 8.7 percent from 1995 to 1996.*
- o Program benefit payments for Medicare and Medicaid combined are expected to increase by 8.9 percent from 1994 to 1995 and by 10.3 percent from 1995 to 1996.*



**HCFA Disbursements**  
**Fiscal Years 1994 – 1996**

	1994 Actual	1995 Current Law <sup>1</sup>	1996	
			Current Law	Proposed Law
Amount in millions				
HCFA Budget Outlays				
Medicare Benefit Payments	\$159,347	\$174,182	\$194,580	\$194,440
Medicaid Medical Assistance Payments	78,763	84,836	92,235	92,188
State and Local Administration/Training	3,271	3,603	3,742	3,742
HCFA Program Management	2,110	2,143	2,232	2,212
Other Administrative Expenses	843	793	985	985
Peer Review Organizations (PROs)	195	294	385	385
HMO Loan/Loan Guarantee Fund	--	15		
Undocumented Immigrants	--	--	--	150
Total (unadjusted)	\$244,528	\$265,865	\$294,158	\$294,101
Offsetting and Proprietary Receipts	-17,747	-20,122	-20,198	-20,197
Total Net of Offsetting and Proprietary Receipts	\$226,781	\$245,743	\$273,960	\$273,904

<sup>1</sup> Proposed legislation would also reduce FY 1995 Program Management outlays and total outlays by \$1 million.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OFHR

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# **Program Benefit Payments Selected Fiscal Years**

Fiscal Year	Total		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change
Amount in billions						
Historical						
1980	\$57.9	--	\$33.9	--	\$24.0	--
1985	108.8	12.4	69.5	14.1	39.3	10.2
1990	175.9	15.5	107.2	13.8	68.7	18.4
1991	204.4	16.2	113.9	6.3	90.5	31.7
1992	245.1	19.9	129.2	13.4	115.9	28.1
1993	268.7	9.6	142.9	10.6	125.8	8.5
1994	296.9	10.5	159.3	11.5	137.6	9.4
Budget						
Current law						
1995	323.2	8.9	174.2	9.4	149.0	8.3
1996	356.6	10.3	194.6	11.7	162.0	8.7

<sup>1</sup> Includes catastrophic benefits for HI in FY 1990. Does not include PRO expenditures.

<sup>2</sup> Federal and State combined. Historical data for FYs 1980–1993 are expenditures (total computable medical assistance payments as reported on the HCFA–64 and predecessor forms). Historical data for FY 1994 are based on preliminary HCFA–64 data. Budget data for FYs 1995–1996 reflect current estimates.

NOTE: Percent change based on rounded numbers.

SOURCES: HCFA/OACT/MB/OFHR for historical data and OFHR for budget data

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# Trends in Program Benefit Payments

## Fiscal Years



SOURCES: HCFA/OFHR/OACT

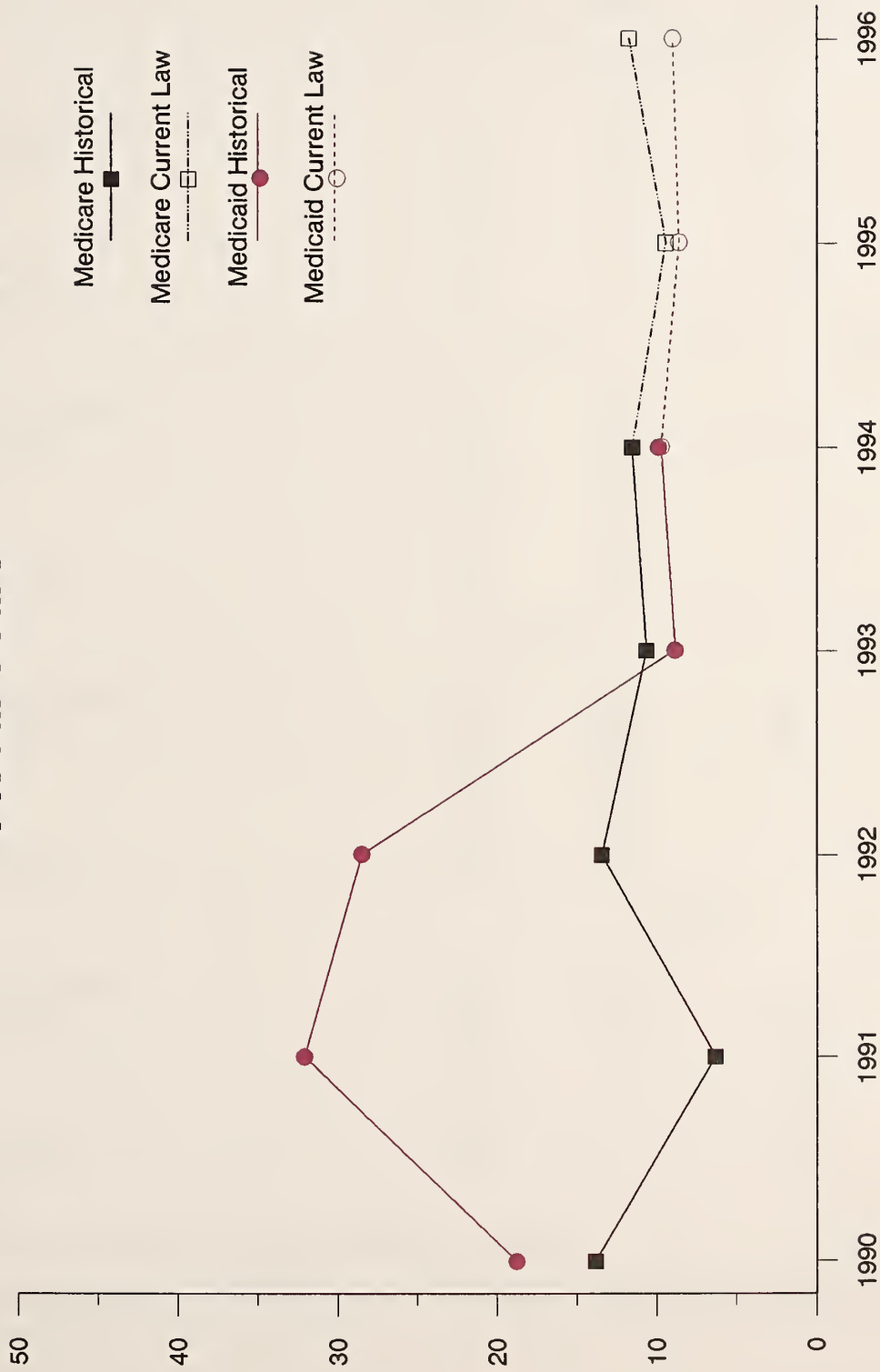
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# Percent Change in Program Benefit Payments

Fiscal Years



SOURCES: HCFA/OFHR/OACT

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# Benefit Outlays by Program Selected Fiscal Years

	1967	1968	1994	1995 <sup>1</sup>
Amounts in billions				
Annually				
HCFA Program Outlays	\$5.1	\$8.4	\$297	\$323
Federal Outlays	NA	6.7	238	259
Medicare	3.2	5.1	159	174
HI	2.5	3.7	101	110
SMI	0.7	1.4	58	64
Medicaid <sup>2</sup>	1.9	3.3	138	149
Federal Share	NA	1.6	79	85
In millions				
Monthly				
HCFA Program Outlays	\$423	\$702	\$25	\$27
Federal Outlays	NA	561	20	22
Medicare	264	427	13	15
HI	209	311	8	9
SMI	55	116	5	5
Medicaid	158	275	12	12
Federal Share	NA	133	7	7
In thousands				
Hourly				
HCFA Program Outlays	\$579	\$962	\$34	\$37
Federal Outlays	NA	768	27	30
Medicare	362	585	18	20
HI	286	426	12	13
SMI	76	159	7	7
Medicaid	217	377	16	17
Federal Share	NA	183	9	10
In thousands				
Minutely				
HCFA Program Outlays	\$10	\$16	\$566	\$615
Federal Outlays	NA	13	453	493
Medicare	6	10	303	331
HI	5	7	193	210
SMI	1	3	110	122
Medicaid	4	6	263	283
Federal Share	NA	3	150	161

<sup>1</sup> Estimated.

<sup>2</sup> Does not include administrative costs incurred by the States.

NOTES: Fiscal year data. NA indicates data are not available. Totals may not equal the sum of rounded components.

SOURCE: HCFA/OFHR

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## II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

### HIGHLIGHTS

*Medicare and Medicaid spending has increased significantly.*

- o *Medicare benefit payments for inpatient hospital care are projected to increase 8.4 percent from fiscal year 1995 to 1996. During the same period of time, physician and supplier payments under Medicare are expected to increase 14.8 percent.*
- o *Spending for inpatient hospital services as a share of Medicare spending decreased from 64.9 percent in 1983 to a projected 47.4 percent in 1996, while physician expenditures remained nearly constant as a percent of spending.*
- o *Home Health Agency spending is expected to rise from less than 9.6 billion dollars in 1993 to 16.3 billion dollars in 1996. Annual growth exceeded 18.8 percent from 1994–1995 and is expected to exceed 12.8 percent from 1995–1996.*
- o *Total Medicaid vendor payments increased by 73 percent from 1985–1990 and by another 56.8 percent from 1990–1993 to reach 101.7 billion dollars in 1993.*

***National health expenditure tables and graphs in this section have been updated extensively this year.***

*Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.*

- o *In recent years, changes in the CPI for all items have lagged considerably behind hospital rooms and physician services.*

- o *In 1994, the CPI for all items increased by 2.6 percent, compared to 3.0 percent for the previous year. The percent increases for hospital rooms and physician services in 1994 were 6.4 and 4.7, respectively; compared to 8.8 and 5.9 in 1993.*
- o *Public funding for NHE has grown significantly from 24.7 percent in 1965 to 43.9 percent in 1993.*
- o *Likewise, private funding for NHE declined from 75.3 percent in 1965 to 56.1 percent in 1993.*

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# HCFA Benefit Payments by Major Program Service Categories Fiscal Year 1993

Type of Service	Total Program Payments		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Total	\$243,898	100.0	\$142,189	100.0	\$101,709	100.0
Inpatient Hospital	103,106	42.3	75,211 <sup>3</sup>	52.9	27,895	27.4
Nursing Facilities	30,468	12.5	5,037	3.5	25,431 <sup>7</sup>	25.0
Other Nursing Home	8,831	3.6	--	--	8,831	8.7
Home Health	15,237	6.2	9,636	6.8	5,601	5.5
Physician Services	45,858	18.8	38,906 <sup>4</sup>	27.4	6,952	6.8
Outpatient	17,586	7.2	11,371 <sup>5</sup>	8.0	6,215	6.1
Clinic	3,457	1.4	( <sup>5</sup> )	--	3,457	3.4
Prescribed Drugs	7,970	3.3	--	--	7,970	7.8
Other Care	11,380	4.7	2,028 <sup>6</sup>	1.4	9,352 <sup>8</sup>	9.2

Amounts in millions

<sup>1</sup> Estimated. Projections for fiscal years 1994 – 1996 are shown separately.

<sup>2</sup> Vendor payments (Federal and State) from the statistical reporting system; excludes premiums and capitation amounts.

<sup>3</sup> Includes PRO expenditures.

<sup>4</sup> Includes physicians, other practitioners, clinical laboratory services performed in a physicians's office, durable medical equipment, ambulatory surgical center facility costs, Part B suppliers (total of \$34,291 million) and group prepayment plans (\$4,615 million).

<sup>5</sup> Covered clinic services are included under outpatient.

<sup>6</sup> Independently billing laboratory and hospice.

<sup>7</sup> Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate facility services for all other than the mentally retarded.

<sup>8</sup> Includes dental (\$961 million), other practitioners (\$937 million), laboratory and radiological services (\$1,137 million), family planning services (\$538 million), early periodic screening (\$853 million), rural health clinic services (\$189 million), and other care (\$4,737 million).

NOTES: Percent distribution based on rounded numbers. Total includes service "Unknown" data which are not reflected in this table. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT/BDMS

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# Medicare Trust Fund Projections Fiscal Years 1994 – 1996

	1994	1995	1996
Amount in millions			
HI Total Disbursements <sup>1</sup>	\$102,770	\$111,631	\$122,663
HI Administrative Expenses	1,420	1,465	1,702
HI Benefit Payments	101,350	110,166	120,961
Aged	89,655	97,048	106,123
Disabled	11,695	13,118	14,838
SMI Total Disbursements <sup>1</sup>	59,725	65,780	75,518
SMI Administrative Expenses	1,728	1,764	1,899
SMI Benefit Payments	57,997	64,016	73,619
Aged	50,158	55,767	63,938
Disabled	7,839	8,249	9,681

<sup>1</sup>Current law data. Totals do not necessarily equal the sum of rounded components.

NOTES: Administrative expenses for both HI and SMI include the sum of administrative costs, research and PROs. Benefit estimates do not reflect proposed legislation.

SOURCE: HCFA/OFHR

## Medicare Benefit Payments by Type of Benefit Fiscal Years 1994 – 1996

	Benefit Payment <sup>1</sup>			Percent Distribution
	1994	1995	1996	1996
Amount in millions				
Total HI <sup>2</sup>	\$101,350	\$110,166	\$120,961	100.0
Inpatient Hospital	80,866	85,228	92,403	76.4
Skilled Nursing Facility	7,116	9,033	10,580	8.8
Home Health Agency	12,005	14,299	16,136	13.3
Hospice	1,363	1,606	1,842	1.5
Total SMI <sup>2</sup>	57,997	64,016	73,619	100.0
Physician/Other Suppliers	37,283	39,806	45,727	62.1
Outpatient	13,155	15,163	16,867	22.9
Home Health Agency	137	131	152	0.2
Group Practice Prepayment	5,464	6,857	8,629	11.7
Independent Laboratory	1,958	2,059	2,244	3.1

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law.

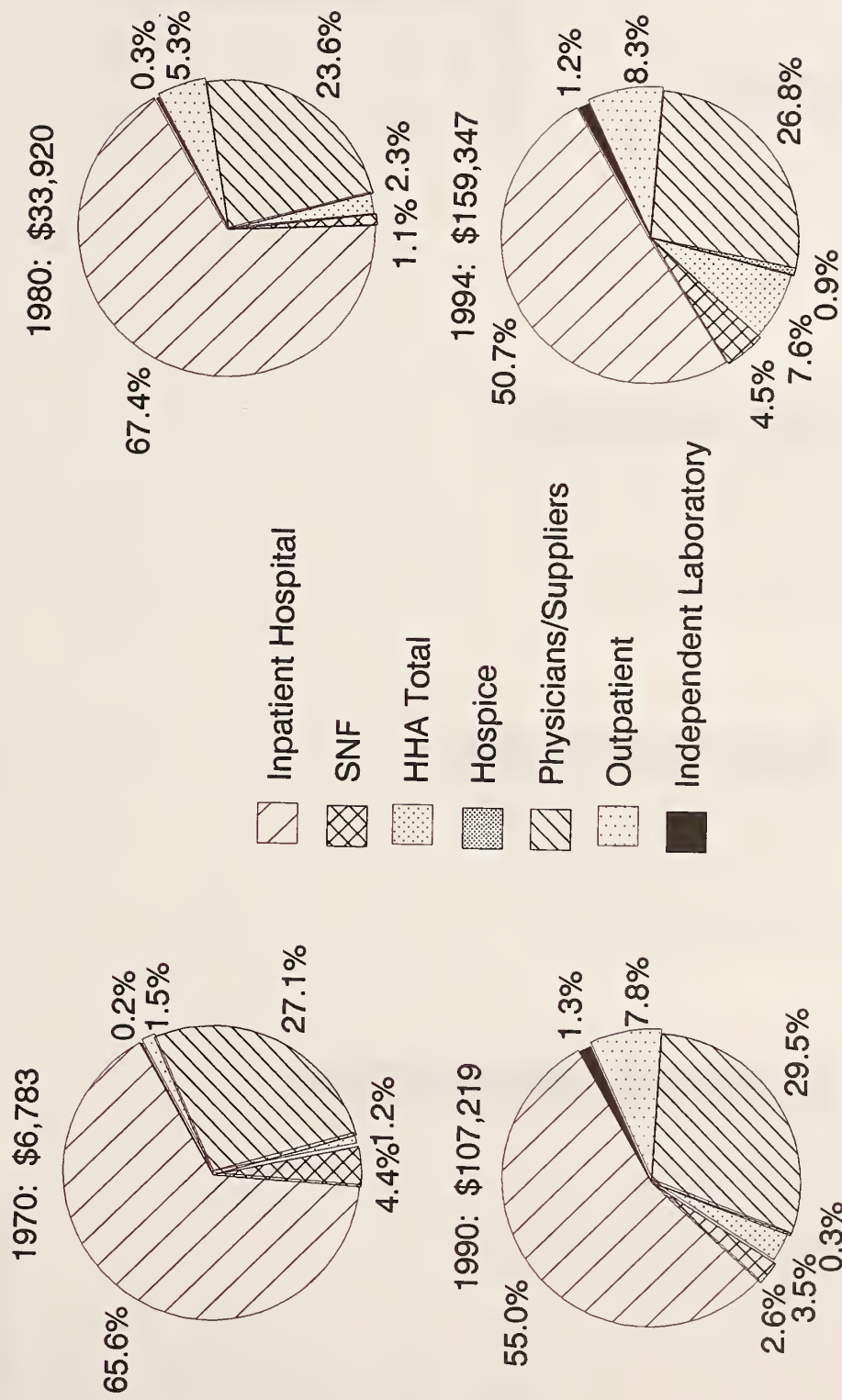
<sup>2</sup> Excludes PRO expenditures.

NOTES: Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OFHR

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# Medicare Benefit Payments by Type of Benefit Selected Fiscal Years



SOURCES: HCFA/OACT/OBA

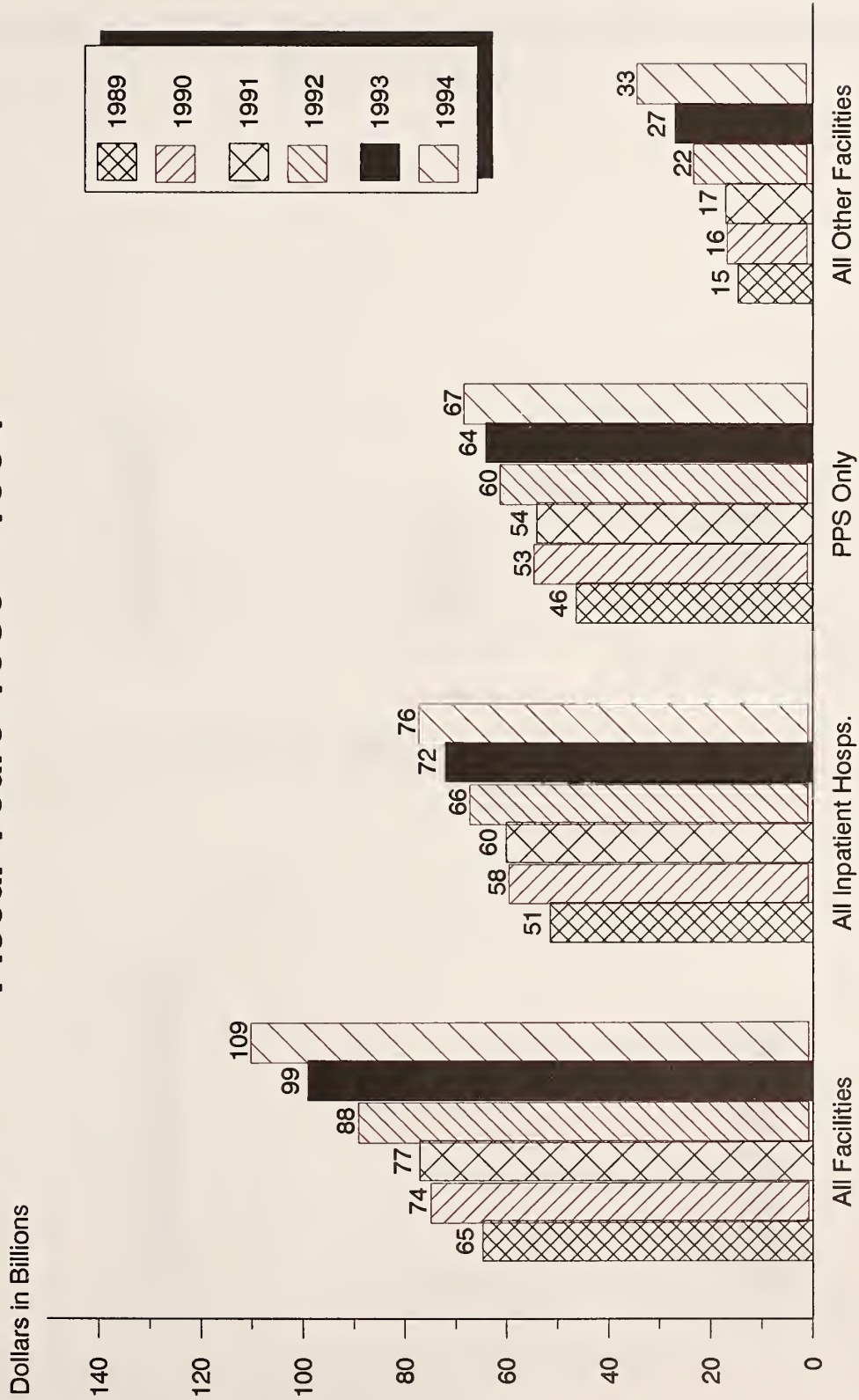
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# Medicare PPS Benefit Payment Trends

## Fiscal Years 1989 - 1994

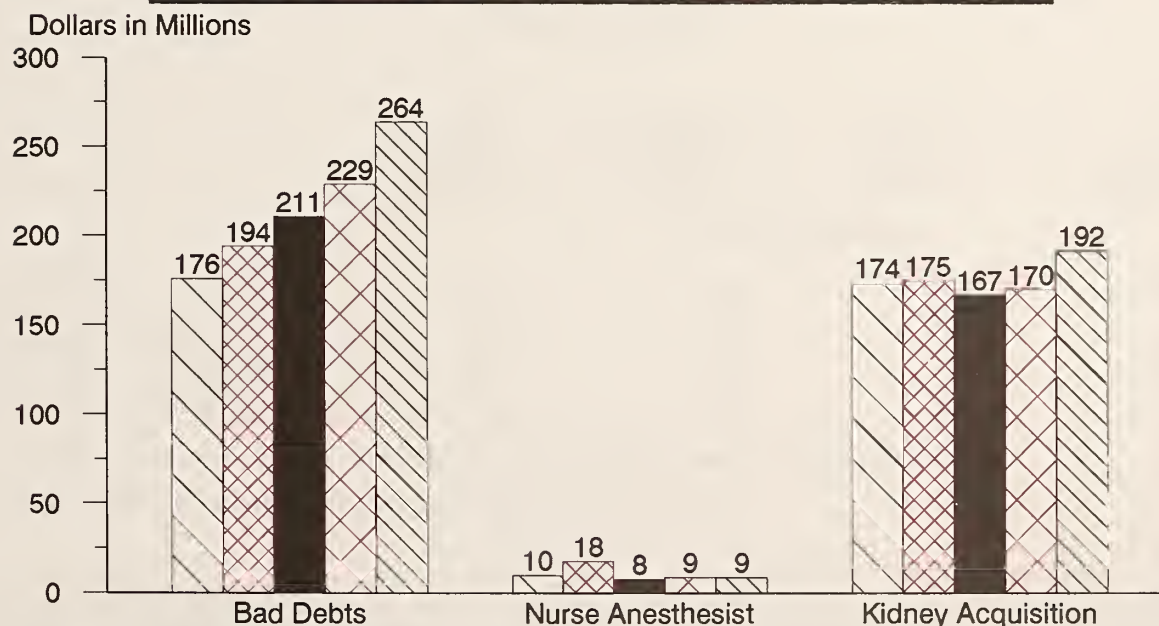
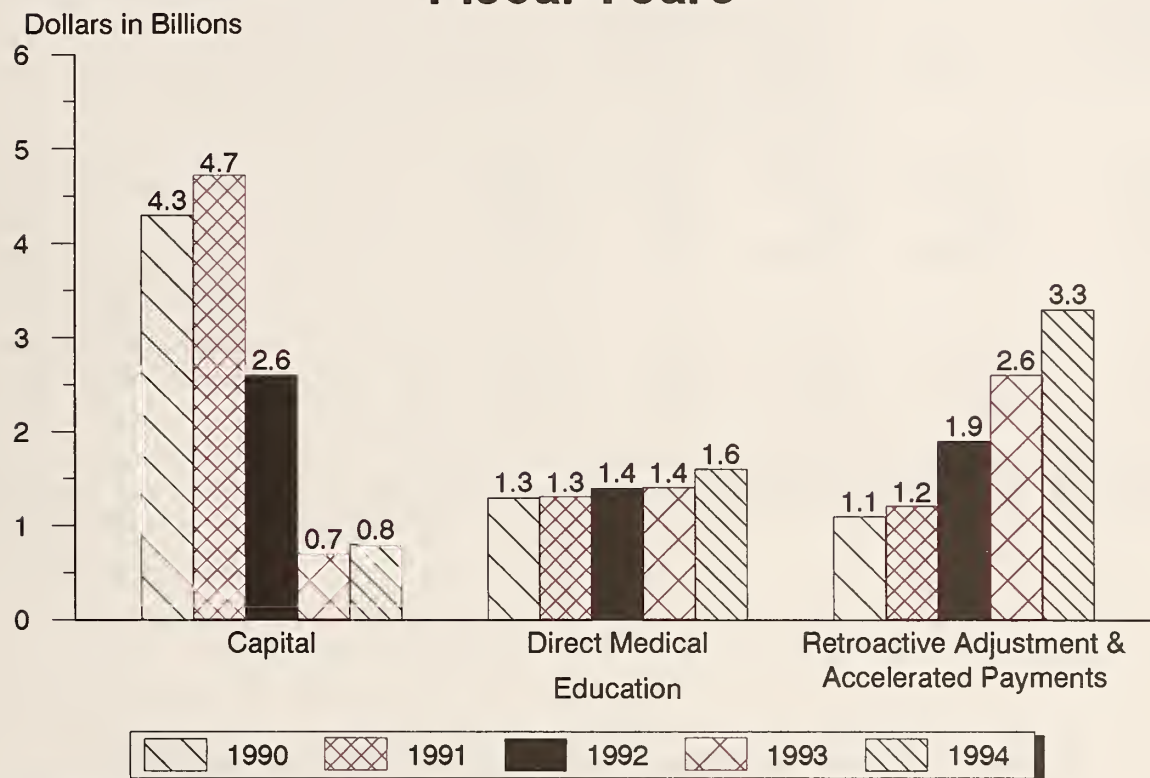


SOURCE: HCFA/BPO

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## Non-Billing PPS Reimbursement By Category Fiscal Years



NOTE: For PPS hospital fiscal years beginning after September 30, 1991, capital costs are included in billing reimbursement.

SOURCE: HCFA/BPO

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### Medicaid Payments by Basis of Eligibility Selected Fiscal Years

	Vendor Payments				Percent Distribution 1993
	1985	1990	1992	1993	
Amount in millions					
Total	\$37,508	\$64,859	\$90,814	\$101,709	100.0
Age 65 and over	14,096	21,508	29,078	31,554	31.0
Blind	249	434	530	589	0.6
Disabled	13,203	23,969	33,326	38,065	37.4
Dependent Children under Age 21	4,414	9,100	14,491	16,504	16.2
Adults in Families with Dependent Children	4,746	8,590	12,185	13,605	13.4
Other Title XIX	798	1,051	1,032	1,192	1.2

NOTES: Vendor payments exclude premiums and capitation amounts. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: HCFA/BDMS

### Medicaid Expenditures by Type of Service and Basis of Eligibility Fiscal Year 1993

	Total Vendor Payments	Inpatient Hospital Services	Long-Term Care Services <sup>1</sup>	Other Services
Percent Distribution				
All Groups	100.0	24.7	41.1	32.8
Age 65 and over	31.0	2.0	24.7	4.3
Blind and Disabled	38.0	10.1	15.4	12.5
Children under Age 21	16.2	6.8	0.8	8.6
AFDC-type Adults	13.4	5.8	0.1	7.4

<sup>1</sup> Includes services in mental facilities, all nursing facilities, and home health services.

NOTE: Totals do not equal the sum of rounded components.

SOURCE: HCFA/BDMS

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# Medicaid Vendor Payments by Type of Service Selected Fiscal Years

	1985	1990	1992	1993	Percent Distribution 1993
	Amount in millions				
Total	\$37,508	\$64,859	\$90,814	\$101,709	100.0
Inpatient Services	10,645	18,388	25,699	27,895	27.4
General Hospitals	9,453	16,674	23,503	25,734	25.3
Mental Hospitals	1,192	1,714	2,196	2,161	2.1
Skilled Nursing Facilities	5,071	8,026	23,544 <sup>1</sup>	25,431	25.0
ICF Services	10,079	17,021	8,550 <sup>1</sup>	8,831	8.7
Mentally Retarded	4,731	7,354	8,550	8,831	8.7
All Other	6,516	9,667	0	0	0.0
Physician Services	2,346	4,018	6,102	6,952	6.8
Dental Services	458	593	851	961	0.9
Other Practitioner Services	251	372	538	937	0.9
Outpatient Hospital Services	1,789	3,324	5,279	6,215	6.1
Clinic Services	714	1,688	2,818	3,457	3.4
Laboratory & Radiological Services	337	721	1,035	1,137	1.1
Home Health Services	1,120	3,404	4,886	5,601	5.5
Prescribed Drugs	2,315	4,420	6,765	7,970	7.8
Family Planning Services	195	265	500	538	0.5
Early and Periodic Screening	85	198	517	853	0.8
Rural Health Clinics	7	34	135	189	0.2
Other Care	928	2,385	3,590	4,737	4.7

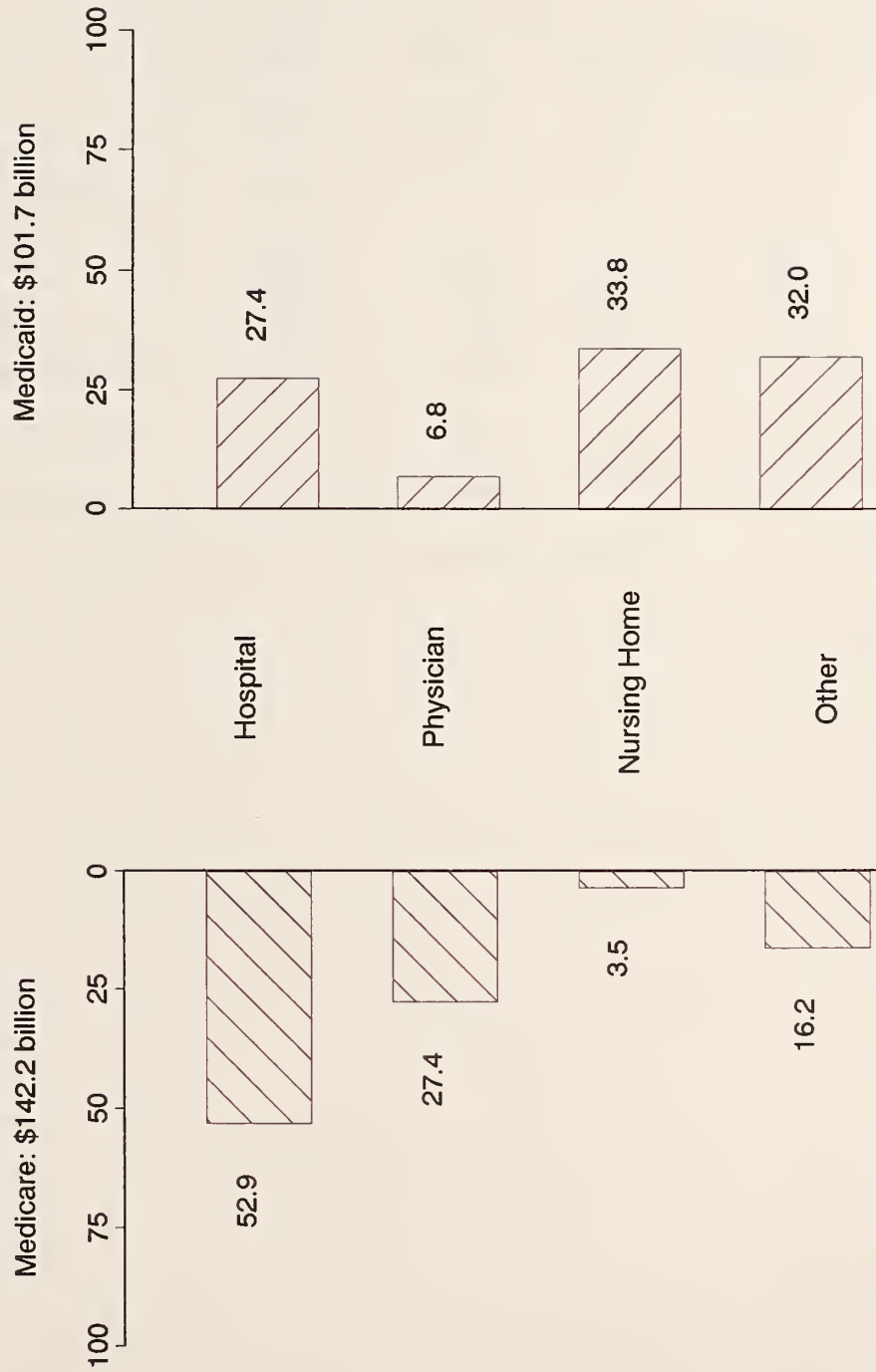
<sup>1</sup> Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded.

NOTES: Percent distribution based on rounded numbers. Vendor payments exclude premiums and capitation amounts. Total includes service "Unknown" data which are not reflected in this table.

SOURCE: HCFA/BDMS

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# **Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service** **Fiscal Year 1993**



SOURCES: HCFA/OACT/BDMS

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**National Health Care by Type of Expenditure  
Calendar Year 1993**

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$884.2	\$3,299	30.8	17.4	13.3
Health Services and Supplies	855.2	3,191	31.8	18.0	13.8
Personal Health Care	782.5	2,920	33.7	19.3	14.4
Hospital Care	326.6	1,218	41.4	28.4	13.0
Physicians' Services	171.2	639	27.6	20.3	7.3
Nursing Home Care	69.6	260	60.5	8.8	51.7
Other Personal Health Care	215.1	803	18.3	8.1	10.2
Other Services and Supplies	72.7	271	11.3	4.3	7.0
Research and Construction	29.0	108	--	--	--

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

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# HCFA Benefit Payments by Major Personal Health Expenditure Service Categories Calendar Year 1993

Type of Service <sup>1</sup>	Total Program Payments		Medicare		Medicaid	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$263.9	100.0	\$151.1	100.0	\$112.8	100.0
Hospital Care	135.1	51.2	92.7	61.3	42.4	37.6
Physicians' Services	47.3	17.9	34.8	23.0	12.5	11.1
Dentists' Services	1.5	0.6	--	--	1.5	1.4
Other Professional Services <sup>2</sup>	7.0	2.7	5.6	3.7	1.4	1.2
Home Health Care <sup>3</sup>	11.3	4.3	8.1	5.3	3.2	2.9
Drugs and Other Medical Nondurables	7.7	2.9	--	--	7.7	6.8
Vision Products and Other Medical Durables	3.7	1.4	3.7	2.5	--	--
Nursing Home Care	42.1	16.0	6.1	4.1	36.0	31.9
Other Personal Health Care	8.1	3.1	--	--	8.1	7.2

<sup>1</sup> Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF - MR and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

<sup>2</sup> Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

<sup>3</sup> Includes non - facility based home health care and some Medicaid care delivered in homes.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 57.3 percent in calendar year 1993.

SOURCE: HCFA/OACT

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# National Health Care Trends in Public versus Private Funding Selected Calendar Years

Calendar Year	GDP in billions	National Health Expenditures							
		Total		Private Funds				Public Funds	
		Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Percent of Total
1965	\$703	\$41.6	\$204	5.9	\$31.3	\$154	75.3	\$10.3	24.7
1966	770	45.9	222	6.0	32.2	156	70.2	13.7	29.8
1967	814	51.6	248	6.3	32.6	156	63.1	19.1	36.9
1970	1,011	74.3	346	7.4	46.6	217	62.7	27.7	37.3
1975	1,586	132.6	591	8.4	77.5	345	58.4	55.1	41.6
1980	2,708	251.1	1,068	9.3	145.8	620	58.1	105.3	41.9
1981	3,031	291.4	1,227	9.6	169.7	715	58.2	121.7	41.8
1982	3,150	328.2	1,369	10.4	193.1	805	58.8	135.1	41.2
1983	3,405	360.8	1,490	10.6	212.7	878	58.9	148.1	41.1
1984	3,777	396.0	1,620	10.5	235.2	962	59.4	160.9	40.6
1985	4,039	434.5	1,761	10.8	259.4	1,051	59.7	175.1	40.3
1986	4,269	466.0	1,871	10.9	275.3	1,105	59.1	190.7	40.9
1987	4,540	506.2	2,013	11.1	298.6	1,187	59.0	207.6	41.0
1988	4,900	562.3	2,214	11.5	336.1	1,324	59.8	226.2	40.2
1989	5,251	623.9	2,433	11.9	370.7	1,446	59.4	253.2	40.6
1990	5,546	696.6	2,686	12.6	410.0	1,581	58.9	286.5	41.1
1991	5,725	755.6	2,882	13.2	432.9	1,651	57.3	322.6	42.7
1992	6,020	820.3	3,094	13.6	462.9	1,746	56.4	357.5	43.6
1993	6,343	884.2	3,299	13.9	496.4	1,852	56.1	387.8	43.9

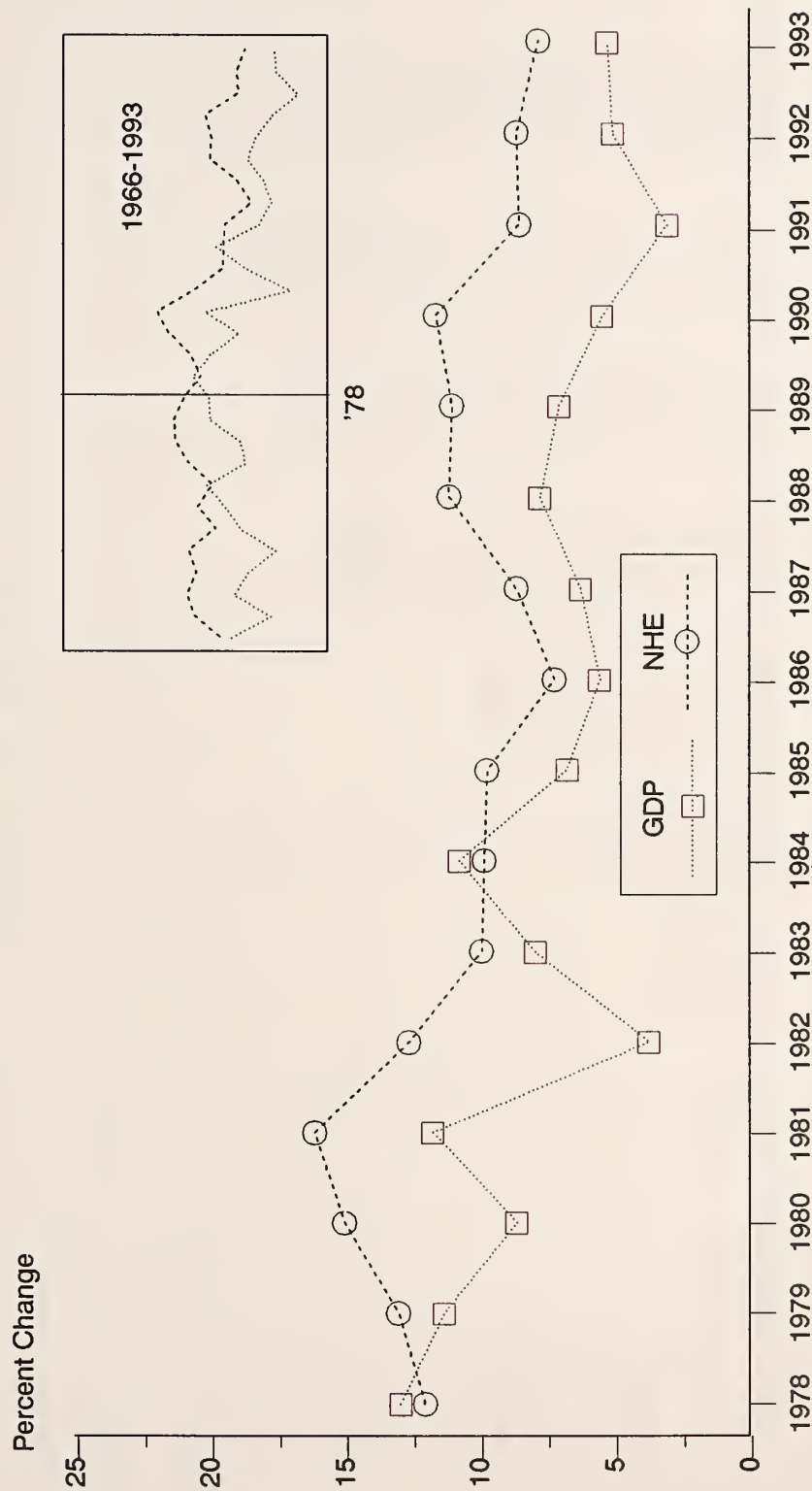
NOTE: These data reflect Bureau of Economic Analysis Gross Domestic Product as of July 1994, and the Social Security Administration's revisions to the population as of July 1994.

SOURCES: HCFA/OACT; SSA; and U.S. Department of Commerce, Bureau of Economic Analysis.

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# Growth in Gross Domestic Product Versus Growth in National Health Expenditures Calendar Years



SOURCE: HCFA/OACT

March 1995



# Personal Health Care Expenditures

## Selected Calendar Years



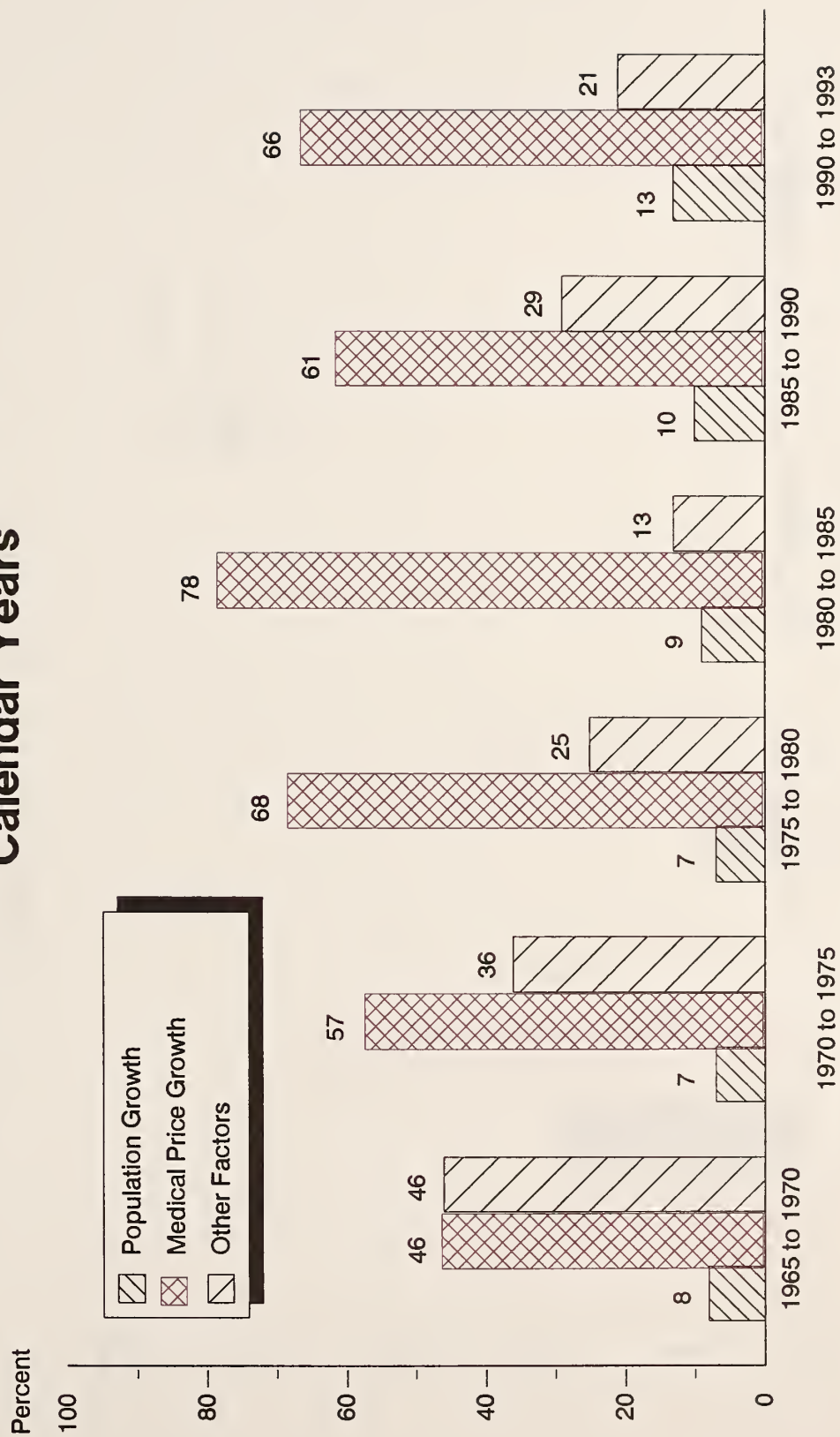
SOURCE: HCFA/OACT

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# Factors Accounting for the Increase in Personal Health Care Expenditures Calendar Years

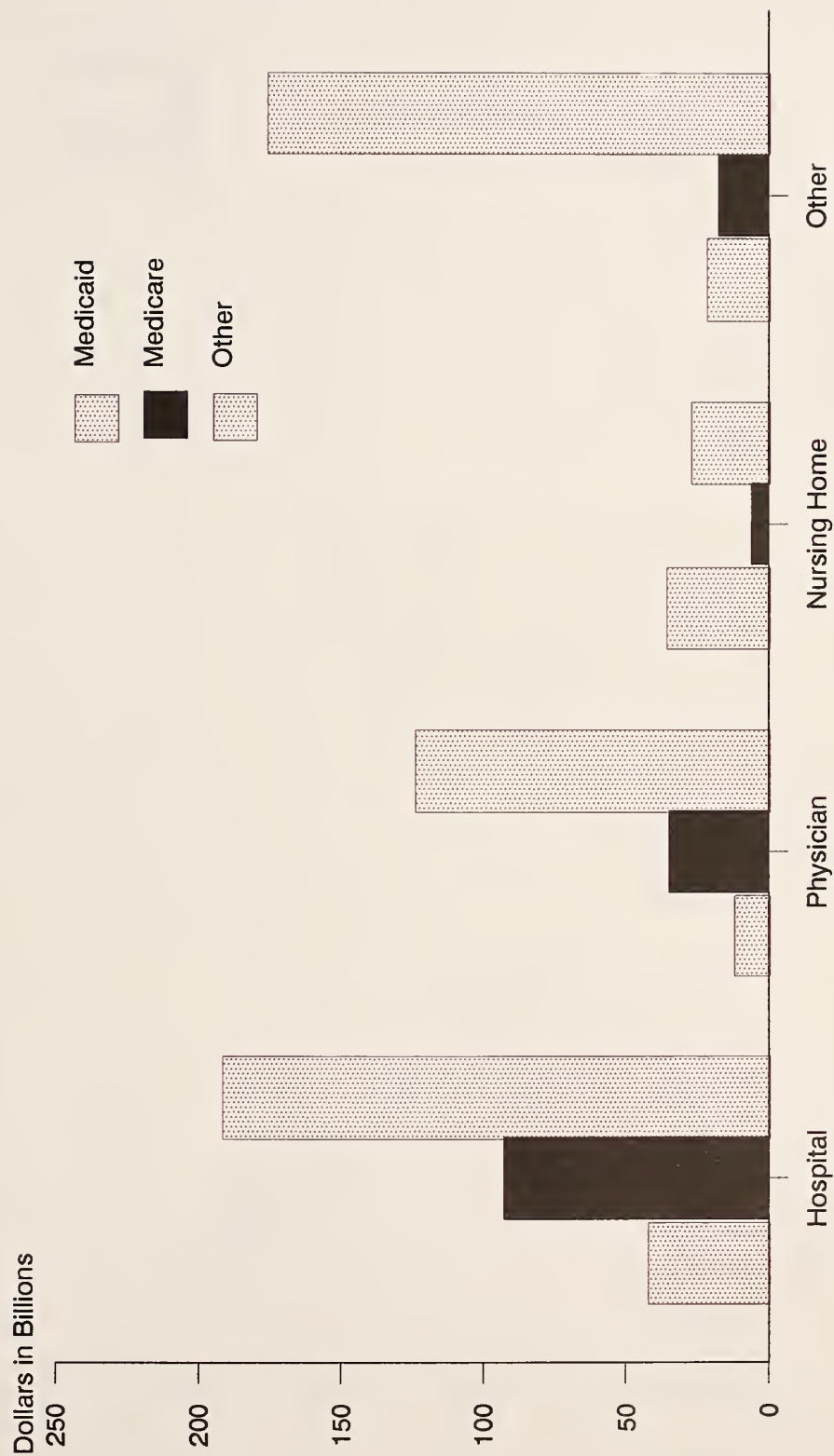


SOURCE: HCFA/OACT

March 1995



# Medicaid, Medicare, and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1993



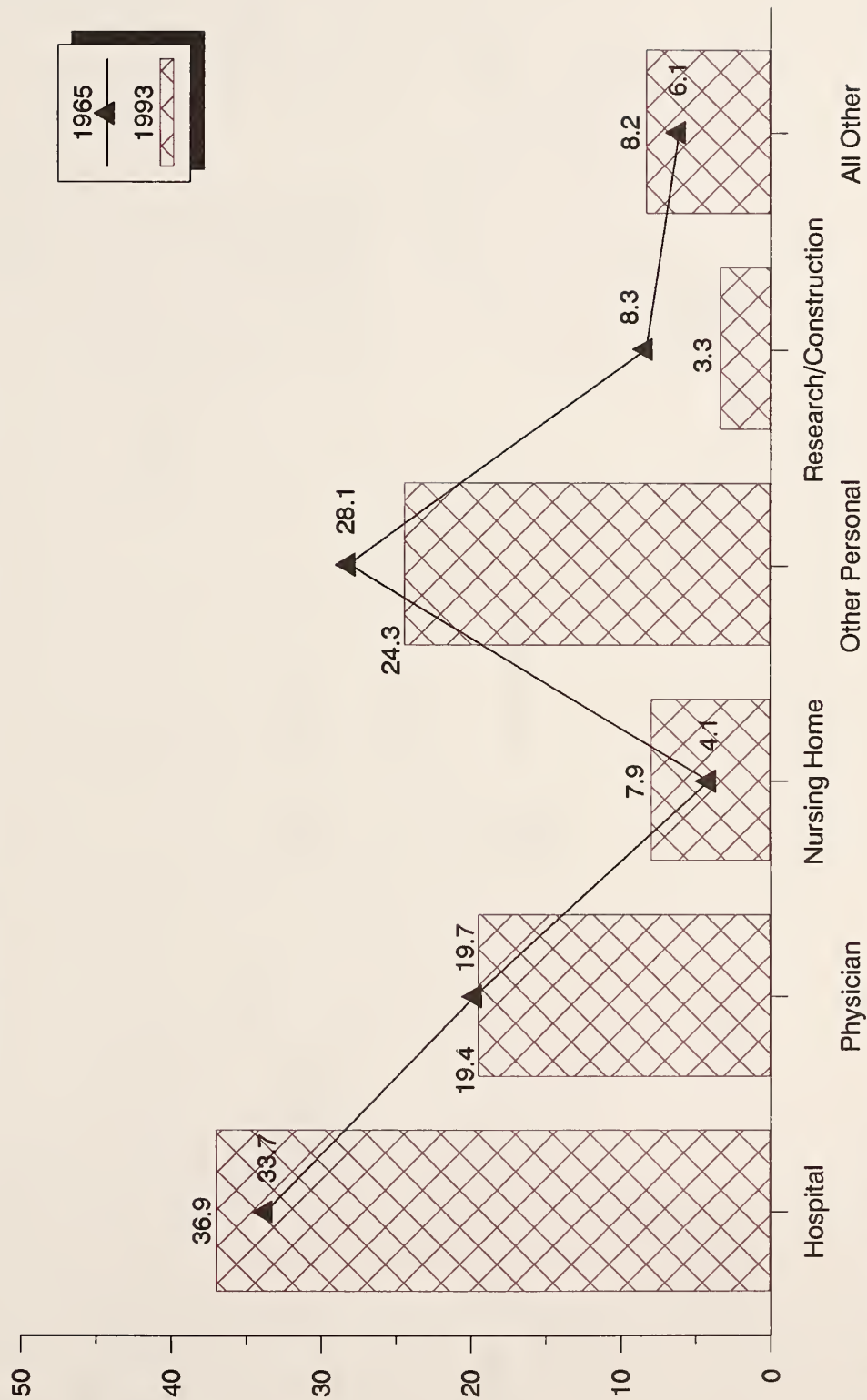
SOURCE: HCFA/OACT

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# Percent of National Health Expenditures by Type of Service Calendar Year 1965 versus 1993



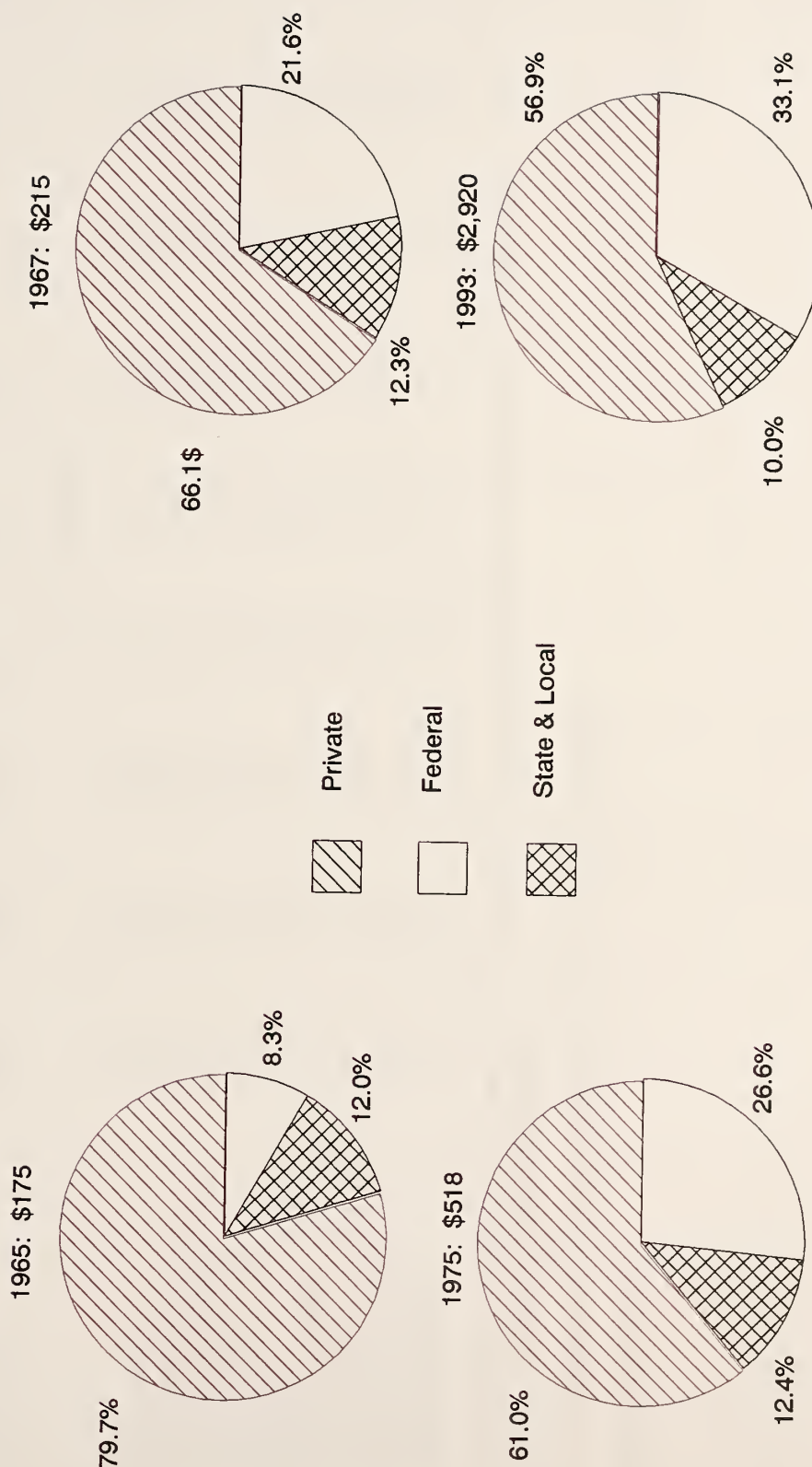
SOURCE: HCFA/OACT

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# Per Capita Personal Health Care Expenditures by Source of Funds

## Selected Calendar Years



SOURCE: HCFA/OACT

March 1995



# National Health Care Source of Funds <sup>1</sup> Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1991	1992	1993
Total in billions	\$41.6	\$74.3	\$132.6	\$251.1	\$434.5	\$696.6	\$755.6	\$820.3	\$884.2
	Percent Distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.3	62.7	58.4	58.1	59.7	58.9	57.3	56.4	56.1
Out-of-Pocket	45.6	34.1	29.5	24.4	22.7	19.9	19.0	18.4	17.8
Private Health Insurance	24.1	22.7	24.2	28.7	32.2	34.0	33.5	33.2	33.5
Other Private	5.5	5.9	4.8	4.9	4.8	5.0	4.9	4.8	4.8
Federal Government	11.6	24.0	27.5	28.7	28.4	28.1	29.7	31.0	31.7
Medicare	--	10.4	12.4	14.9	16.6	16.1	16.3	16.9	17.4
Federal Medicaid	--	3.8	5.6	5.8	5.3	6.1	7.5	8.3	8.6
Other Federal	11.6	9.8	9.5	7.9	6.5	5.9	5.9	5.8	5.7
State/Local Government	13.2	13.4	14.1	13.3	11.9	13.0	13	12.6	12.1
State Medicaid	--	3.3	4.6	4.6	4.2	4.7	4.9	4.8	4.7
Other State/Local	13.2	10.0	9.6	8.6	7.7	8.3	8.0	7.7	7.4

<sup>1</sup> Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

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Personal Health Care Payment Source <sup>1</sup>  
Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1991	1992	1993
Total in billions	\$35.6	\$64.8	\$116.2	\$220.1	\$380.5	\$612.4	\$670.8	\$729.7	\$782.5
	Percent Distribution								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	65.3	61.0	60.5	61.1	60.2	58.6	57.6	56.9
Out-of-Pocket	53.3	39.1	33.6	27.8	26.0	22.6	21.4	20.6	20.1
Private Health Insurance	24.4	23.6	25.0	29.1	31.5	33.8	33.4	33.2	33.0
Other Private	2.0	2.5	2.4	3.5	3.6	3.9	3.9	3.8	3.8
Public Funds	20.4	34.7	39.0	39.5	38.9	39.8	41.4	42.4	43.1
Federal	8.3	22.7	26.6	28.8	29.3	29.1	30.7	32.1	33.1
State and Local	12.0	12.0	12.4	10.7	9.6	10.7	10.7	10.3	10.0

<sup>1</sup> Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1995

**National Medical Care Price Indicators**  
**(1982-1984=100)**  
**Average Annual Index**

Fiscal Year <sup>1</sup>	CPI			Medical Care							Commodities	
	All Services			Services								
				Hospital and Related Services								
	Total	Less Medical	Total	Less Medical	Total	Total	Hospital Room <sup>2</sup>	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs
Year Ending June:												
1965	31.2	31.7	26.3	27.0	24.9	22.3	--	11.9 <sup>3</sup>	--	--	24.6 <sup>3</sup>	45.0
1970	37.8	38.1	33.7	34.2	32.9	31.2	--	22.2	--	--	33.2	45.8
1975	51.8	52.3	46.1	46.5	45.1	44.2	--	35.6	--	--	45.6	51.3
Year Ending September:												
1980	80.0	80.4	75.4	75.6	73.0	72.9	66.9	65.8	--	--	74.6	73.6
1981	88.9	89.3	85.3	85.8	80.6	80.4	76.4	75.2	--	--	82.6	81.5
1982	95.4	95.8	94.8	95.3	90.2	90.2	87.6	87.5	--	--	91.1	90.1
1983	98.8	98.8	98.5	98.4	99.0	99.1	98.1	98.3	--	--	98.3	98.4
1984	102.8	102.7	103.2	103.0	105.3	105.2	107.2	107.0	--	--	105.4	105.6
1985	106.6	106.3	108.6	108.3	111.7	111.4	114.7	114.1	--	--	111.5	113.3
1986	109.3	108.6	114.1	113.5	119.8	119.6	121.0	120.2	--	--	119.2	120.9
1987	112.4	111.4	118.9	117.9	128.2	128.1	129.4	128.9	--	--	128.3	128.7
1988	117.0	115.8	124.2	122.9	136.4	136.1	140.3	139.8	110.8	110.0	137.3	137.6
1989	122.6	121.1	130.3	128.6	146.3	145.9	156.1	153.9	125.1	121.4	147.5	147.9
1990	128.7	126.9	137.2	135.0	159.2	158.9	173.4	171.1	138.8	135.1	158.0	160.2
1991	135.2	132.9	144.7	141.9	173.6	173.7	191.9	188.0	154.6	149.9	168.2	173.5
1992	139.3	136.5	150.6	147.1	187.0	187.2	209.4	204.2	168.9	164.6	178.4	185.7
1993	143.5	140.3	156.4	152.3	198.7	200.0	227.7	222.2	182.3	180.8	188.9	193.4
1994	147.3	143.8	161.9	157.3	208.6	210.7	242.4	236.3	194.4	192.4	197.7	199.2
												228.7

<sup>1</sup> Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>2</sup> Revised title. Years prior to January 1978 reflect semi-private room charges.

<sup>3</sup> Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

March 1995

**National Medical Care Price Indicators**  
(1982 - 1984 = 100)  
Percent Change from Preceding Year <sup>1</sup>

Fiscal Year <sup>2</sup>	CPI			Medical Care										Commodities	
	All Items		All Services	Services											
				Hospital and Related Services							Other				
	Total	Less Medical	Total	Total	Less Medical	Total	Total	Hospital Room <sup>3</sup>	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs		
Year Ending June															
1965	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
1970	5.9	5.8	7.6	7.4	7.6	6.4	--	12.8	--	--	7.4	1.5	1.9		
1975	11.1	11.0	10.8	13.3	10.3	12.5	--	16.5	--	--	12.8	7.0	5.0		
Year Ending September:															
1980	13.6	13.7	15.1	11.1	15.5	10.7	12.5	12.2	--	--	10.2	8.7	8.6		
1981	11.1	11.1	13.1	10.3	13.4	10.3	14.3	14.3	--	--	10.8	10.6	10.7		
1982	7.4	7.2	11.1	12.1	11.1	11.9	14.6	16.4	--	--	10.3	10.6	11.9		
1983	3.5	3.2	3.9	9.9	3.2	9.8	12.0	12.4	--	--	7.8	9.2	11.5		
1984	4.1	3.9	4.8	6.2	4.7	6.4	9.3	8.8	--	--	7.3	7.4	9.6		
1985	3.7	3.5	5.2	5.9	5.1	6.1	7.0	6.7	--	--	5.8	7.3	9.8		
1986	2.5	2.2	5.1	7.4	4.8	7.3	5.5	5.3	--	--	6.9	6.7	8.7		
1987	2.9	2.6	4.2	7.2	3.9	7.0	6.9	7.3	--	--	7.6	6.4	8.1		
1988	4.1	4.0	4.4	6.2	4.3	6.3	8.4	8.4	--	--	7.0	6.9	8.0		
1989	4.8	4.6	4.9	7.2	4.7	7.3	11.2	10.1	13.0	10.4	7.4	7.5	8.4		
1990	5.0	4.8	5.3	8.9	5.0	8.8	11.1	11.1	10.9	11.3	7.1	8.3	9.8		
1991	5.0	4.8	5.5	9.3	5.1	9.1	10.7	9.9	11.4	11.0	6.5	8.3	9.9		
1992	3.0	2.7	4.1	7.8	3.7	7.7	9.1	8.6	9.2	9.8	6.1	7.0	8.5		
1993	3.0	2.8	3.8	6.8	3.5	6.3	8.7	8.8	8.0	9.9	5.9	4.1	4.5		
1994	2.6	2.5	3.5	5.4	3.3	4.9	6.5	6.4	6.6	6.4	4.7	3.0	3.4		

<sup>1</sup> Based on average of monthly figures for given years.

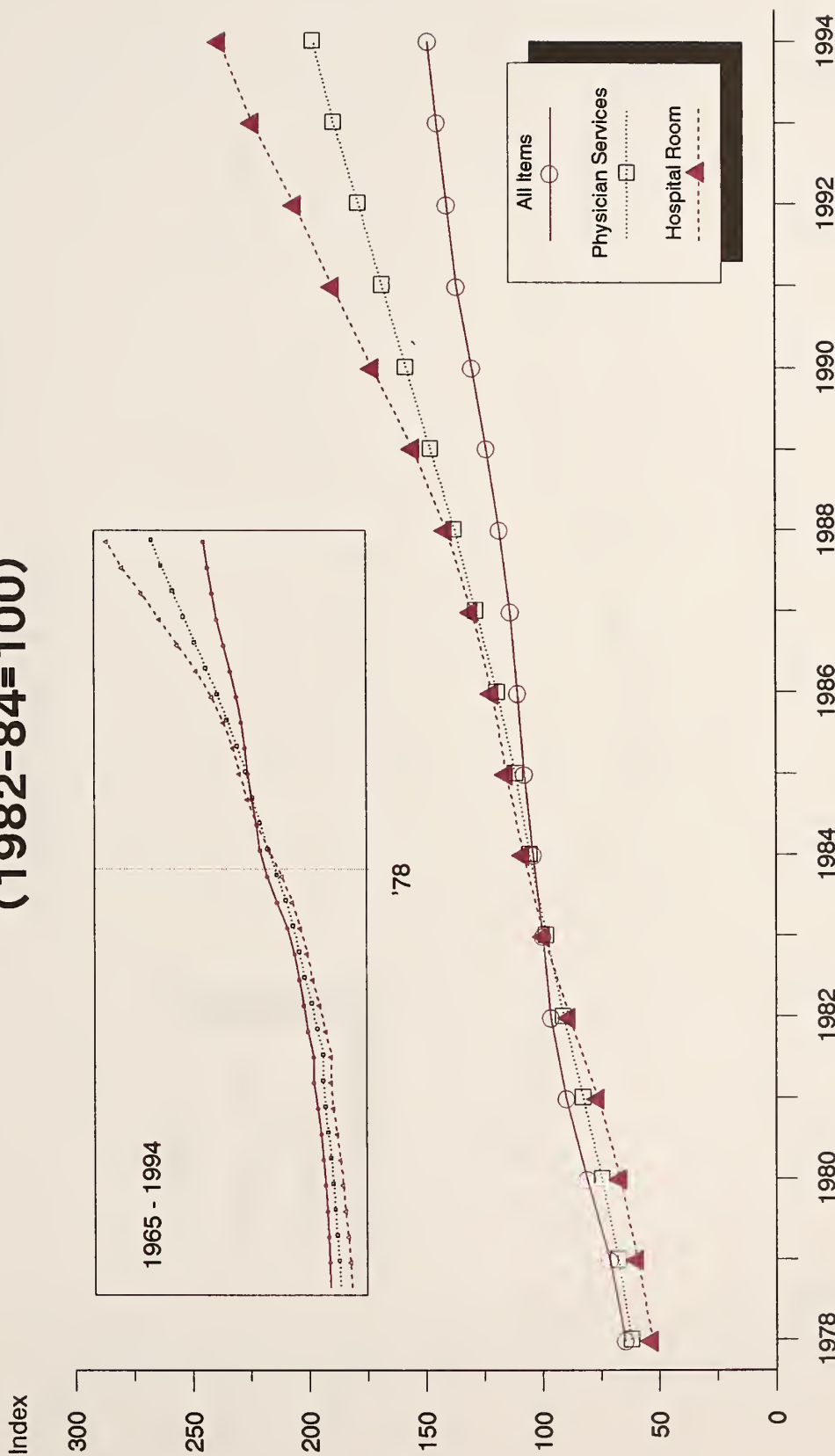
<sup>2</sup> Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>3</sup> Revised title. Years prior to January 1978 reflect semi-private room charges.

SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics.

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# Consumer Price Indexes Fiscal Years (1982-84=100)



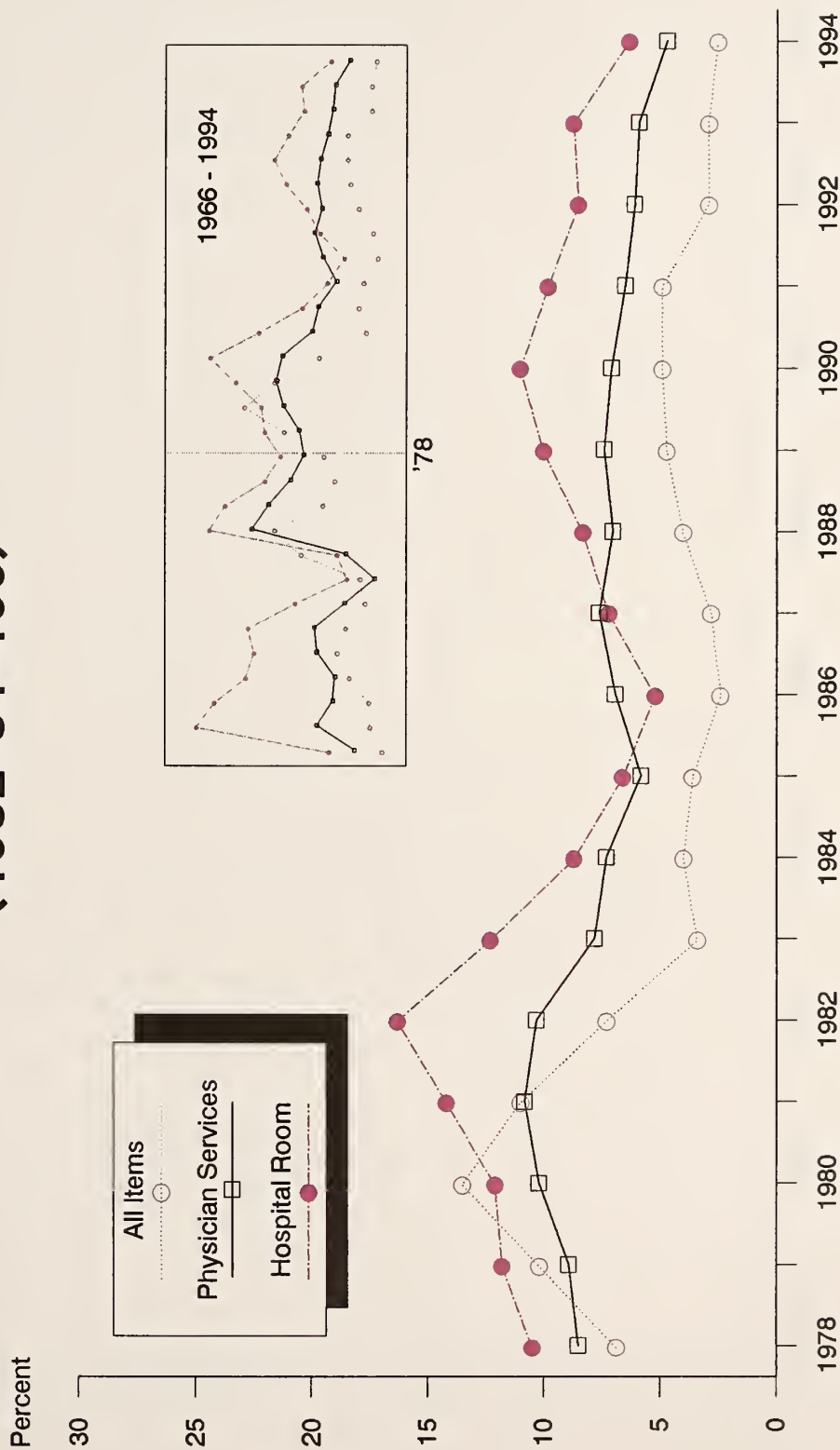
SOURCES: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

March 1995





# Consumer Price Indexes Annual Percent Change Fiscal Years (1982-84=100)



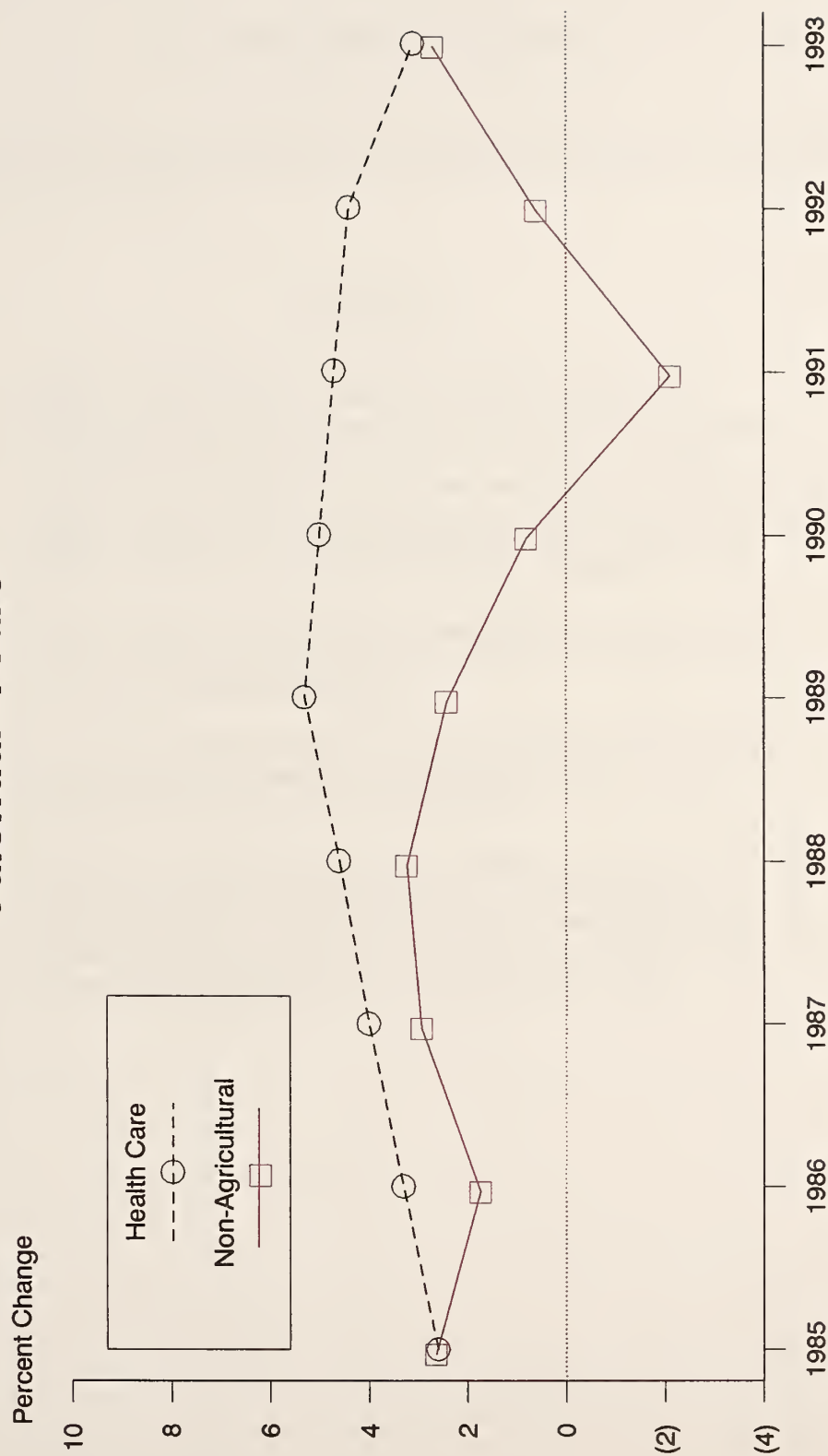
SOURCES: HCFA/OACT and U.S. Department of the Census

March 1995



# Workhours in Private Health Care Establishments versus All Non-Agricultural Establishments

Calendar Years



SOURCE: HCFA/OACT

March 1995



### III. ADMINISTRATIVE/OPERATING

Information on activities and services related to the oversight of the day-to-day operations of HCFA programs. Current and trend data on trust fund operations, contractor performance, and administrative costs are included.

#### HIGHLIGHTS

- o *Medicare Hospital Insurance benefit payments grew from \$2.5 billion in FY 1967 to \$101.5 billion in FY 1994. The Medicare Supplementary Medical Insurance benefit payments increased from \$.7 billion in FY 1967 to \$58.0 billion in FY 1994. The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973. In addition, there was a substantial increase in both programs from 1989 to 1990 due to the Medicare Catastrophic Coverage Act.*
- o *Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.9 percent in FY 1994.*
- o *As of January 1995, Medicare had 45 intermediaries and 28 carriers processing claims. During FY 1994, Part A and Part B unit costs were \$1.51 and \$1.21 per claim, respectively.*
- o *In FY 1994, covered charges on assigned claims were reduced an average of \$71.03. Covered charges on unassigned claims in FY 1994 were reduced an average of \$13.45. Unassigned claims had a lower reduction average after FY 1990 due to the limiting charge provision on unassigned claims beginning January 1, 1991.*





# **Medicare Operations of the HI Trust Fund Selected Fiscal Years**

Fiscal Year <sup>1</sup>	Income					Disbursements				Trust Fund	
	Transfers from Railroad Retirement Account	Transfers from Railroad Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest on Investments and Other Income <sup>2</sup>	Total Income <sup>3</sup>	Administrative Expenses <sup>4</sup>	Total Disbursements	Interfund Borrowing Transfers <sup>5</sup>	Net Increase in Fund	Fund at End of Year
Amount in millions											
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$2,597		\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	4,953		661	2,677
1975	11,291	132	481	48	609	12,568	10,353	10,612		1,956	9,870
1980	23,244	244	697	141	1,072	25,415	23,790	24,288		1,127	14,490
1985	46,490	371	766	86	3,182	50,933	47,841	48,654	\$1,824	4,103	21,277
1986	53,020	364	566	-714 <sup>6</sup>	3,167	56,422	49,018	49,685	10,613	17,370	38,648
1987	57,820	368	447	94	3,982	62,751	49,967	50,803		11,949	50,596
1988	61,901	364	475	80	5,148	68,010	52,022	52,730		15,281	65,877
1989	67,527	379	515	86	6,567	75,116	57,433	58,238		16,878	82,755
1990	70,655	367	413	107	7,908	79,563	65,912	66,687		12,876	95,631
1991	74,655	352	605	-1,011 <sup>7</sup>	8,969	83,938	68,705	69,638		14,299	109,930
1992	80,978	374	621	86	10,133	92,677	80,784	81,974		10,703	120,633
1993	83,147	400	367	81	12,484 <sup>8</sup>	97,101	90,738	91,604		5,497	126,131
1994	92,028	413	506	80	12,315	106,195	101,535	102,770		3,425	129,555

<sup>1</sup> Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup> Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and a small amount of miscellaneous income.

<sup>3</sup> Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

<sup>4</sup> Includes cost of experiments and demonstration projects.

<sup>5</sup> A negative amount is a loan to the OASI trust fund; a positive amount is a repayment of loan principal to the HI trust fund.

<sup>6</sup> Includes the lump sum general revenue transfer of -\$805 million, as provided for by section 151 of P.L. 98-21.

<sup>7</sup> Includes the lump sum general revenue transfer of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

<sup>8</sup> Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1995

# **Medicare Operations of the SMI Trust Fund Selected Fiscal Years**

Fiscal Year <sup>1</sup>	Income			Disbursements			Balance in Fund at End of Year <sup>4</sup>
	Premiums from Participants	Government Contributions <sup>2</sup>	Interest and Other Income <sup>3</sup>	Total Income	Benefit Payments	Administrative Expenses	Total Disbursements
Amount in millions							
1967	\$647	\$623	\$15	\$1,285	\$664	\$135 <sup>5</sup>	\$799
1970	936	928	12	1,876	1,979	217	2,196
1975	1,887	2,330	105	4,322	3,765	405	4,170
1980	2,928	6,932	415	10,275	10,144	593	10,737
1985	5,524	17,898	1,155	24,577	21,808	922	22,730
1986	5,699	18,076	1,228	25,003	25,169	1,049	26,218
1987	6,480	20,299	1,018	27,797	29,937	900	30,837
1988	8,756 <sup>6</sup>	25,418	828 <sup>6</sup>	35,002 <sup>6</sup>	33,682	1,265 <sup>6</sup>	34,947 <sup>6</sup>
1989	11,548 <sup>6</sup>	30,712	1,022 <sup>6</sup>	43,282 <sup>6</sup>	36,867	1,450 <sup>6</sup>	38,317 <sup>6</sup>
1990	11,494	33,210	1,434	46,138	41,498	1,524	43,022
1991	11,807	34,730	1,629	48,166	45,514	1,505	47,019
1992	12,748	38,684	1,717	53,149	48,627	1,661	50,288
1993	14,683	44,227	84 <sup>7</sup>	58,994	52,409	1,845	54,254
1994	16,895	38,355	2,118	57,367	58,006	1,718	59,724

<sup>1</sup> For 1967 through 1975, fiscal years cover the interval from July 1 through June 30; fiscal years after 1980 cover the interval from October 1 through September 30.

<sup>2</sup> The payments shown as being from the general fund of the Treasury include certain interest—adjustment items.

<sup>3</sup> Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

<sup>4</sup> The financial status of the program depends on both the total net assets and the liabilities of the program.

<sup>5</sup> Administrative expenses shown include those paid in fiscal years 1966 and 1967.

<sup>6</sup> Includes the impact of Medicare Catastrophic Coverage Act of 1988 (P.L. 100—360).

<sup>7</sup> Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100—360), as provided for by P.L. 102—394.

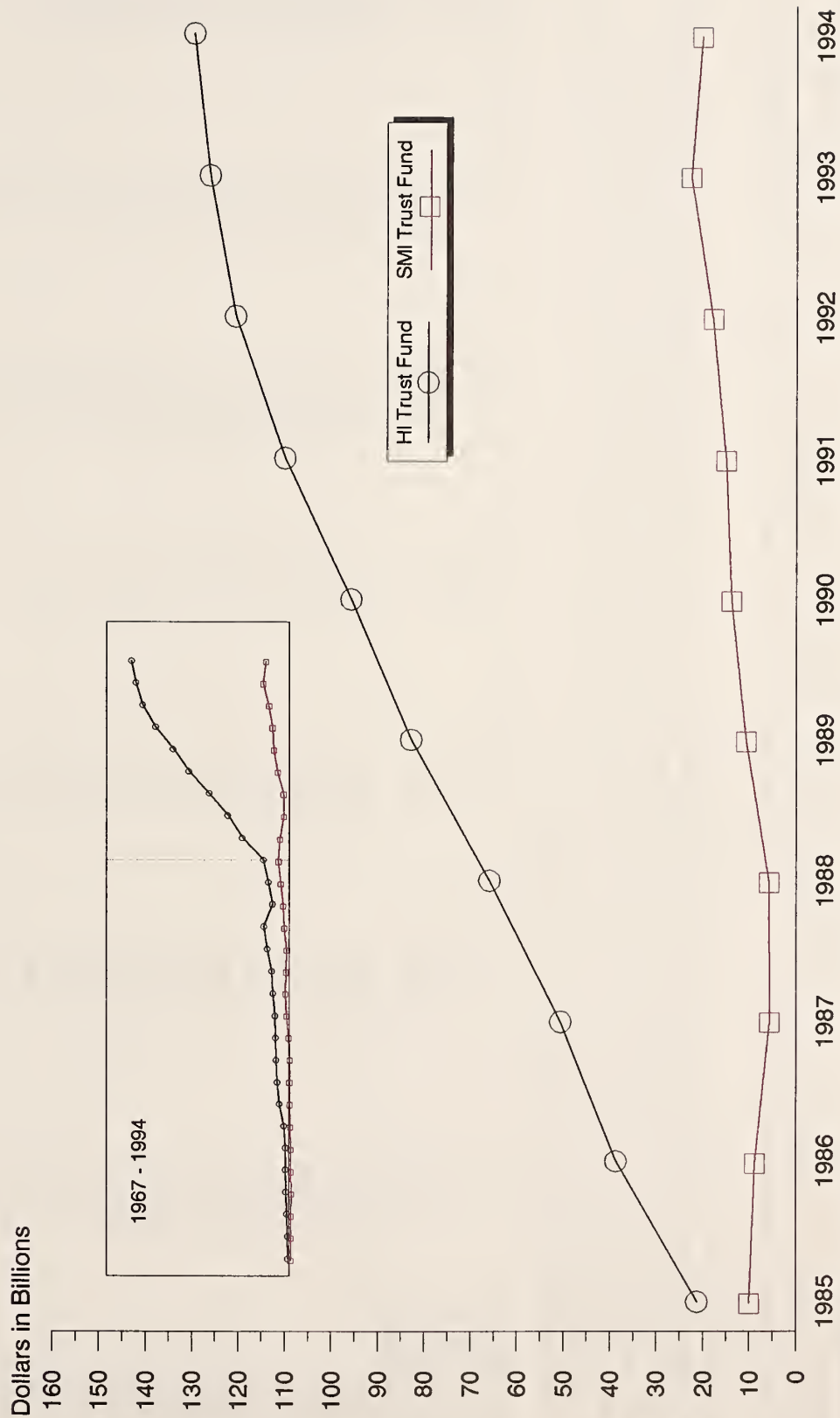
NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1995

# Medicare HI & SMI Trust Fund Balances

## Fiscal Years



SOURCE: HCFA/OACT

March 1995





# Medicare SMI Trust Fund Income Selected Fiscal Years

Fiscal Year	Total Income (less interest)	Premiums from Participants		Government Contributions <sup>1</sup>			
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$1,270	\$647	\$647	--	\$623	\$623	--
1970	1,863	936	936	--	927	927	--
1975	4,217	1,887	1,736	\$151	2,330	1,711	\$619
1980	9,851	2,928	2,637	291	6,923	5,035	1,322
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,775	5,699	5,200	500	18,076	15,696	2,381
1987	26,778	6,480	5,897	582	20,299	17,579	2,720
1988	34,174	8,756	7,963	793	25,418	22,830	2,588
1989	42,260	11,548 <sup>2</sup>	9,487	945	30,712	29,009	1,703
1990	44,704	11,494 <sup>2</sup>	10,138	995	33,210	31,107	2,103
1991	46,537	11,807	10,741	1,066	34,730	32,224	2,506
1992	51,432	12,748	11,564	1,184	38,684	34,109	4,575 <sup>3</sup>
1993	58,910	14,683	13,255	1,428	44,227	38,825	5,402
1994	55,249	16,895	15,212	1,683	38,355	33,481	4,873
Percent change							
1967 – 1994	4,232	2,511	2,251	--	6,018	5,241	--
1974 – 1994	1,374	891	863	1,246	1,779	2,010	971
1992 – 1993	15	15	15	21	14	14	18
1993 – 1994	-7	15	15	18	-14	-14	-10

<sup>1</sup> Interest on delayed transfers from general funds is included.

<sup>2</sup> Total includes catastrophic premiums.

<sup>3</sup> Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The large increase in the disabled government contributions after 1991 reflects increased contributions to the disabled contingency level.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate.

SOURCE: HCFA/OACT

March 1995

**Medicare Ratio of SMI Benefit Payments to Premium Income  
Selected Fiscal Years**

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions						
1967	\$664	\$664	--	1.0	1.0	--
1970	1,979	1,979	--	2.1	2.1	--
1975	3,765	3,289	\$476	2.0	1.9	3.2
1980	10,144	8,497	1,647	3.5	3.2	5.7
1985	21,808	19,077	2,731	3.9	3.8	5.7
1986	25,169	22,067	3,102	4.4	4.2	6.2
1987	29,937	26,350	3,587	4.6	4.5	6.2
1988	33,682	29,796	3,886	3.8	3.7	4.9
1989	36,867	32,748	4,119	3.5 <sup>1</sup>	3.5 <sup>1</sup>	4.4 <sup>1</sup>
1990	41,498	36,837	4,661	3.6	3.6	4.7
1991	45,514	40,198	5,316	3.9	3.7	5.0
1992	48,627	42,784	5,843	3.8	3.7	4.9
1993	52,409	45,664	6,745	3.6	3.4	4.7
1994	58,006	50,167	7,839	3.4	3.3	4.7
Percent change						
1967-1994	8,636	7,455	--			
1974-1994	1,918	1,877	2,226			
1992-1993	8	7	15			
1993-1994	11	10	16			

<sup>1</sup> Calculation based on standard premiums which exclude catastrophic premium income.

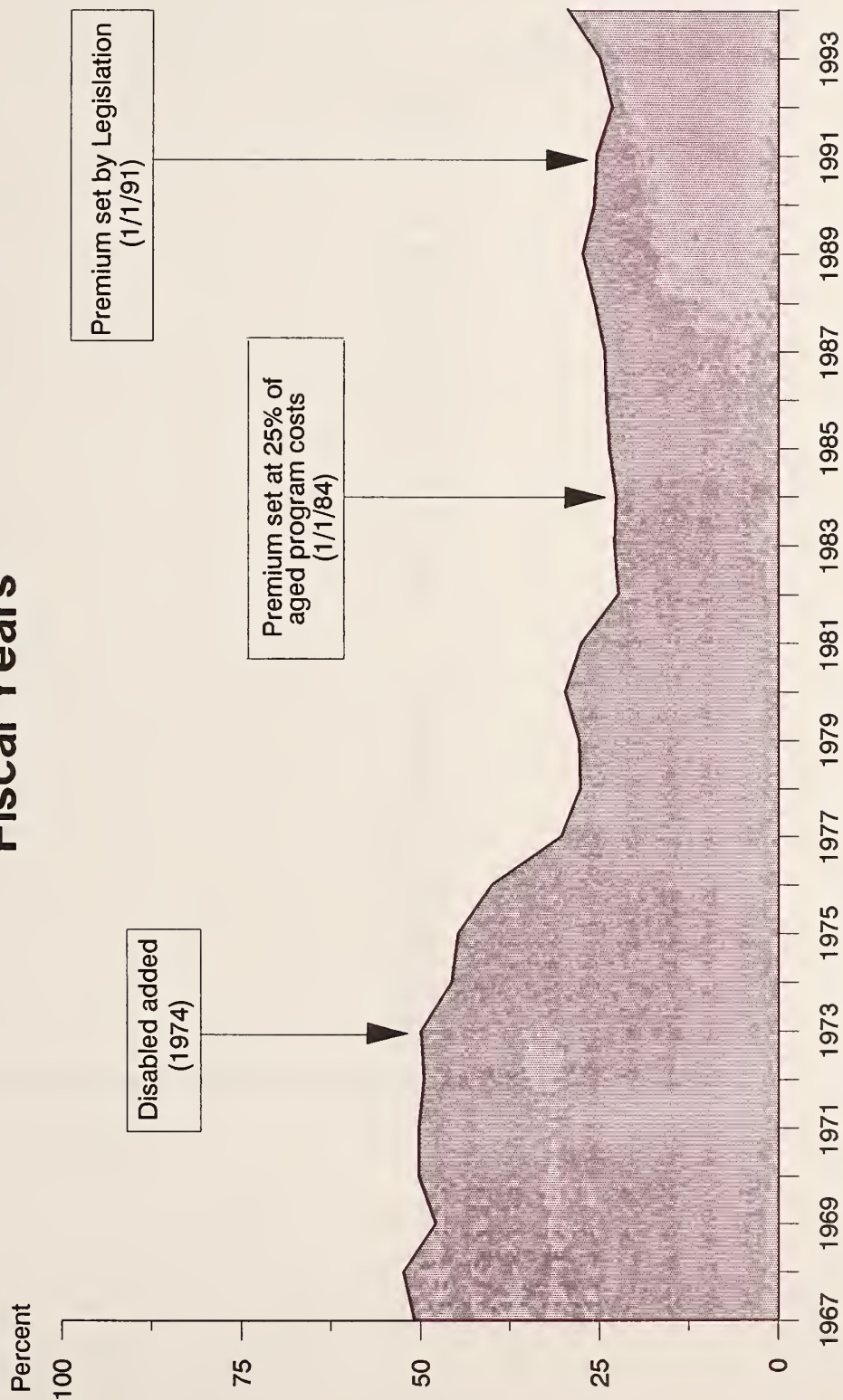
NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

SOURCE: HCFA/OACT

March 1995



# Medicare Premiums as a Percent of Total SMI Trust Fund Income Fiscal Years



SOURCE: HCFA/OACT

March 1995



# **Medicare Administrative Expenses Selected Fiscal Years**

Fiscal Year	Administrative Expenses	
	Amount in millions	Percent of Benefit Payments
<b>HI Trust Fund</b>		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
1990	774	1.2
1991	934	1.4
1992	1,191	1.5
1993	866	1.0
1994	1,235	1.2
<b>SMI Trust Fund</b>		
1967	135 <sup>1</sup>	20.3
1975	405	10.8
1980	593	5.8
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,450	3.9
1990	1,524	3.7
1991	1,505	3.3
1992	1,661	3.4
1993	1,845	3.5
1994	1,718	3.0

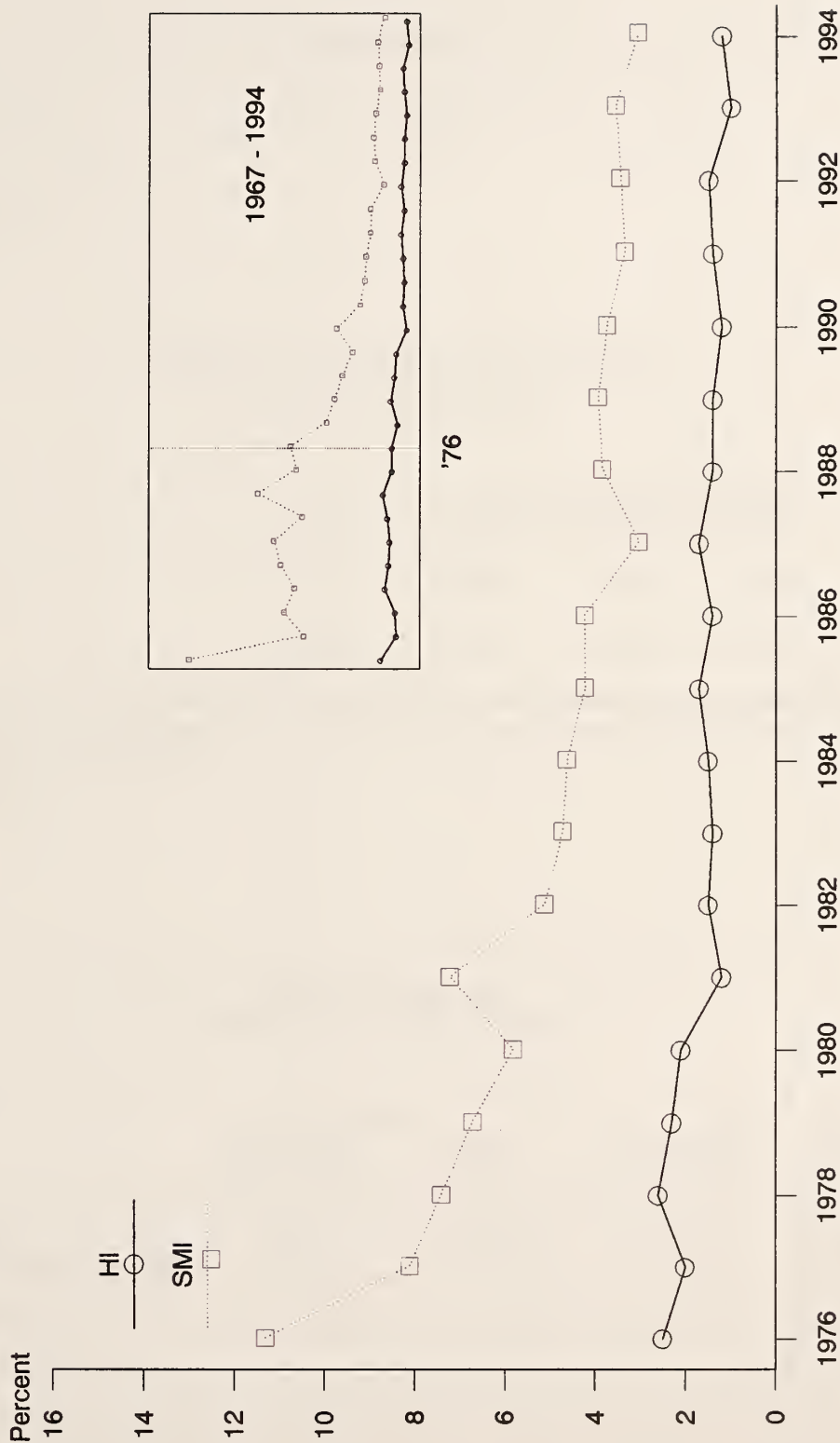
<sup>1</sup> Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: HCFA/OACT

March 1995



# Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years



SOURCE: HCFA/OACT

March 1995





### Medicare Contractors 1994

	Intermediaries	Carriers
Blue Cross/Blue Shield	40	20
Other	5	8

Data as of January 1, 1995

SOURCE: HCFA/BPO

### Medicare Claims Processing Costs Selected Fiscal Years

	Net Unit Cost per Claim				
	1975	1980	1985	1990	1994
Intermediaries <sup>1</sup>	\$3.84	\$2.96	\$2.33	\$1.84	\$1.51
Carriers <sup>2</sup>	\$2.90	\$2.33	\$1.88	\$1.56	\$1.21

<sup>1</sup> Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.

<sup>2</sup> Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

SOURCE: HCFA/BPO

### Medicare Appeals Fiscal Years 1993 – 1994

	1993		1994	
	Intermediary Reconsiderations	Carrier Reviews	Intermediary Reconsiderations	Carrier Reviews
Number Processed	34,214	4,996,756	47,129	4,376,355
Percent With Increased Payments	36.8	68.1	40.3	76.1

SOURCE: HCFA/BPO

March 1995

# **Medicare Physician/Supplier Claims Charge Reductions** **Fiscal years 1980 – 1994**

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim

## Assigned (HCFA-1490/1500)

1980	70,937	80.0	\$6,878	22.5	\$21.81
1981 <sup>1</sup>	78,952	82.7	8,546	23.9	25.84
1982 <sup>1</sup>	88,185	83.1	10,633	24.3	29.32
1983	100,087	82.4	13,134	23.8	31.20
1984	118,221	80.3	15,591	24.7	32.62
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
1990	329,061	87.6	48,711	32.6	48.22
1991	373,250	86.7	57,547	35.2	54.20
1992	406,502	87.0	66,062	39.2	63.60
1993	446,475	88.2	74,261	42.1	70.08
1994	496,264	88.1	82,855	42.5	71.03

## Unassigned (HCFA-1490/1500)

1980	66,207	83.7	\$6,527	22.3	21.96
1981 <sup>1</sup>	71,632	85.7	7,607	23.7	25.13
1982 <sup>1</sup>	78,166	85.6	9,117	24.1	28.10
1983 <sup>2</sup>	85,966	83.9	10,610	23.1	28.48
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67
1990	75,879	90.3	8,702	25.3	28.97
1991	78,450	90.7	8,134	24.0 <sup>3</sup>	24.84 <sup>3</sup>
1992	69,522	85.4	6,671	19.8 <sup>3</sup>	18.95 <sup>3</sup>
1993	54,096	85.5	4,724	16.9 <sup>3</sup>	14.75 <sup>3</sup>
1994	42,544	86.7	3,489	16.4 <sup>3</sup>	13.45 <sup>3</sup>

<sup>1</sup> Excludes data for Texas Blue Shield.

<sup>2</sup> These data are slightly understated due to underreporting by Equitable.

<sup>3</sup> The reduction rate was less on unassigned claims in 1991, 1992, 1993, and 1994 due to the limiting charge provision on unassigned claims beginning January 1, 1991.

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: HCFA/BPO

March 1995

# Medicare Charge Determination Data for Physician/Supplier Claims Fiscal Years 1973 – 1994

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		Avg. Amount per Approved Claim
					Total in thousands	Percent of Covered Charges	
1973	54,724	\$3,500,542	28,964	52.9	\$411,064	11.7	\$7.51
1974	62,867	4,139,801	38,236	60.8	545,780	13.2	8.68
1975	75,694	5,324,636	50,738	67.0	863,847	16.2	11.41
1976	86,869	6,432,181	61,673	71.0	1,193,495	18.6	13.74
1977	103,483	8,069,456	72,936	70.5	1,532,910	19.0	14.81
1978	114,912	9,350,700	81,951	71.3	1,798,419	19.2	15.65
1979	127,193	11,036,237	94,311	74.1	2,246,576	20.4	17.66
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1981 <sup>1</sup>	158,914	16,571,764	127,993	80.5	3,867,340	23.3	24.34
1982 <sup>2</sup>	175,230	20,280,423	141,833	80.9	4,827,238	23.8	27.55
1983 <sup>3</sup>	195,212	24,275,276	156,179	80.0	5,638,767	23.2	28.89
1984	210,948	27,158,840	170,659	80.9	6,567,222	24.2	31.13
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8	49.10
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4	57.08
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6	64.11
1994	538,808	86,344,476	468,604	87.0	34,963,075	40.5	64.89

<sup>1</sup> Texas Blue Shield is excluded from all data elements for July – September 1981.

<sup>2</sup> Texas Blue Shield is excluded from all data elements for October – December 1981.

<sup>3</sup> These data are slightly understated due to underreporting by Equitable for January – September 1983.

NOTES: Accurate data are not available prior to fiscal year 1973. Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: HCFA/BPO

March 1995

**Medicaid Administrative Expenses  
Fiscal Years 1992 – 1994**

	1992	1993	1994
Amount in thousands			
Total Payments Computable for Federal Funding <sup>1</sup>	\$4,283,189	\$4,831,480	\$6,183,420
Federal Share <sup>1</sup>			
Family Planning	12,042	12,840	13,381
Design, Development or Installation of MMIS <sup>2</sup>	22,700	30,493	44,247
Skilled Professional Medical Personnel	123,064	128,833	140,748
Operation of an Approved MMIS	441,236	491,636	525,271
Other Financial Participation	1,739,662	1,976,299	2,626,051
Mechanized Systems Not Approved Under MMIS <sup>2</sup>	42,209	50,736	51,364
Total Administration	2,380,913	2,690,837	3,401,062
Net Adjusted Federal Share <sup>3</sup>	2,364,867	2,682,140	NA

<sup>1</sup> Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (net expenditures reported). FY 1994 data is preliminary.

<sup>2</sup> Medicaid Management Information System.

<sup>3</sup> Includes Federal share of net expenditures reported on the HCFA-64.10 plus HCFA adjustments.

NA = Data not yet available.

SOURCE: HCFA/MB

March 1995



#### IV. POPULATIONS

Information about persons covered by Medicare and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

##### **HIGHLIGHTS**

- o In 1994, about 89 percent of the Medicare population was age 65 and over.*
- o An estimated 97 percent of the total aged population has some type of Medicare coverage.*
- o In 1994, approximately 94 percent of the total Medicare population was covered by both Part A and Part B.*
- o The Medicare beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 11.2 percent in 1993. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 29.9 percent in 1993.*
- o In 1993, 6.3 percent of the total Medicare aged population enrolled in Medicare Part A were non – white females. In 1985, they represented only 5.1 percent, a decrease of 24 percent.*
- o In 1993, 81 percent of disabled persons entitled to Medicare were workers; 15 percent were persons disabled in childhood prior to age 22; more than 2 percent were disabled widows or widowers; and 2 percent were entitled because of ESRD only.*
- o The number of Medicaid recipients is expected to increase to 37.7 million by 1996. This will represent a 71 percent increase since 1975.*
- o There has been an increase of almost 20 percent in the number of Medicare State Buy-Ins between 1990 and 1993.*





# Medicare Enrollees Selected Years

	1975	1980	1985	1990	1993	1994	1995	1996	1997
	Numbers in millions								
HI and/or SMI									
Total	25.0	28.5	31.1	34.2	36.3	36.7	37.6	38.3	38.9
Aged	22.8	25.5	28.2	30.9	32.4	32.6	33.1	33.6	33.8
Disabled	2.2	3.0	2.9	3.3	3.8	4.1	4.5	4.7	5.1
HI									
Total	24.6	28.1	30.6	33.7	35.9	36.3	37.2	37.8	38.3
Aged	22.5	25.1	27.7	30.5	32.0	32.2	32.6	32.9	33.2
Disabled	2.2	3.0	2.9	3.3	3.8	4.1	4.5	4.7	5.1
SMI									
Total	23.9	27.4	30.0	32.6	34.6	34.9	35.8	36.3	36.9
Aged	21.9	24.7	27.3	29.7	31.1	31.2	31.8	32.1	32.4
Disabled	2.0	2.7	2.7	2.9	3.5	3.6	4.0	4.2	4.5
HI and SMI	23.6	27.0	29.5	32.1	34.2	34.5	35.4	35.8	36.3
HI Only	1.1	1.1	1.1	1.6	1.7	1.8	1.8	2.0	2.0
SMI Only	0.3	0.4	0.5	0.5	0.4	0.4	0.4	0.5	0.6

NOTES: Historical data from BDMS for 1975 – 1994 are as of July. Projections for 1995 – 1997 are actuarial forecasts from OACT and represent ever enrolled. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/OACT/BDMS

March 1995

**Medicare Enrollment Demographics  
Hospital Insurance and/or Supplementary Medical Insurance  
1994**

	Total	Male	Female
Number in thousands			
All Persons	37,700	16,117	21,583
Aged Persons	33,553	13,618	19,935
65 – 74	17,280	7,736	9,544
75 – 84	11,770	4,603	7,168
85 and over	4,503	1,280	3,224
Disabled Persons	4,147	2,498	1,648
Under 45	1,447	904	543
45 – 54	1,130	684	446
55 – 64	1,569	910	659
White	32,485	13,840	18,644
Black	3,358	1,432	1,926
All Other	1,452	690	762
Native American	38	20	18
Asian/Pacific	190	84	106
Hispanic	452	224	228
Other	773	363	410
Unknown Race	405	154	251

NOTES: Data as of December. Totals do not necessarily equal the sum of the rounded components.

SOURCE: HCFA/BDMS

**Medicare Enrollment End Stage Renal Disease Demographics  
Hospital Insurance and/or Supplementary Medical Insurance  
1993**

	Number of Enrollees
All Persons	225,859
Age	
Under 25	8,040
25–44	51,504
45–64	79,360
65 and over	86,955
Sex	
Male	121,664
Female	104,195
Race	
White	129,218
Non–white	89,394
Unknown	7,247

NOTE: Data as of July.

SOURCE: HCFA/BDMS

March 1995

# Medicare HI Enrollment Demographics Selected Years

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1991	31,043	100.0	30.8	25.9	19.6	12.9	10.8	73.6
1992	31,585	100.0	30.3	26.2	19.5	13.0	11.0	73.6
1993	32,060	100.0	29.9	26.2	19.6	13.1	11.2	73.7

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race					
		Male			Female		
		Total	White	Non- White	Total	White	Non- White
1966	100.0	42.6	38.6	3.4	57.4	50.8	4.1
1970	100.0	41.8	37.4	3.5	58.2	51.9	4.4
1975	100.0	40.8	36.2	3.6	59.2	52.8	4.7
1980	100.0	40.4	35.7	3.7	59.5	52.9	4.9
1985	100.0	40.3	35.4	3.7	59.7	52.8	5.1
1990	100.0	40.3	35.2	3.9	57.7	52.1	5.8
1991	100.0	40.3	35.1	3.9	59.7	51.8	5.9
1992	100.0	40.4	34.9	4.0	59.6	51.5	6.1
1993	100.0	40.5	34.9	4.1	59.5	51.2	6.3
							2.5
							1.9
							1.7
							1.7
							1.8
							1.9
							2.0
							2.0
							2.1

NOTE: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1995

**Medicare State Buy—Ins for SMI  
1990 – 1993**

Type of Beneficiary <sup>1</sup>	1990	1991	1992	1993
All Persons				
Number	3,591,864	3,774,886	3,984,624	4,302,283
Percent of SMI Enrolled	11.0	11.4	11.7	12.4
Aged				
Number	2,719,384	2,820,845	2,933,639	3,102,453
Percent of SMI Enrolled	9.2	9.3	9.6	10.0
Disabled				
Number	872,480	954,041	1,050,983	1,199,828
Percent of SMI Enrolled	29.6	31.3	32.6	34.6

<sup>1</sup>Beneficiaries in persons years for whom the State paid the Medicare SMI premium during the year. Percent calculated using July enrollment.

SOURCE: HCFA/BDMS

March 1995

# **Medicaid Recipients Selected Fiscal Years**

	1975	1980	1985	1990	1994	1995	1996
	Number in millions						
Total	22.0	21.6	21.8	25.3	35.1	36.2	37.7
Aged	3.6	3.4	3.1	3.2	4.0	4.2	4.4
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	3.6	5.5	6.0	6.4
Children	9.6	9.3	9.8	11.2	16.9	17.2	17.9
Adults	4.5	4.9	5.5	6.0	7.7	7.9	8.2
Other Title XIX	1.8	1.5	1.2	1.0	0.8	0.8	0.8

NOTES: Prior to 1991, recipient categories do not add to total because recipients could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged, Blind and Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB.) QMB are actuarial adjustments made to reflect recipients not included in the affected categories. Children and Adult groups include both AFDC and poverty level recipients who are not disabled. Other Title XIX includes a small number of recipients whose basis of eligibility is unknown. Data for fiscal years 1975–1990 are historical data from BDMS as reported by States. Projections for fiscal years 1994–1996 are projections from OACT.

SOURCES: HCFA/BDMS/OACT

March 1995



# **Medicaid Recipient Demographics Selected Fiscal Years**

	1990	1991	1992	1993
All Recipients in thousands	25,255	28,280	30,926	33,432
Percent Distribution				
Age	100.0	100.0	100.0	100.0
Under 21	46.4	49.0	50.9	52.0
21 – 64	29.1	31.1	30.9	31.2
65 and over	13.9	13.6	13.0	12.5
Unknown	10.6	6.3	5.3	4.3
Sex	100.0	100.0	100.0	100.0
Male	31.9	33.9	34.8	35.7
Female	57.3	59.7	59.8	59.7
Unknown	10.8	6.4	5.3	4.6
Race	100.0	100.0	100.0	100.0
White	42.8	45.3	45.9	46.1
Black	25.1	25.8	25.4	25.1
American Indian/Alaskan Native	1.0	0.9	0.9	0.9
Asian/Pacific Islander	2.0	2.2	2.3	2.4
Hispanic	15.2	11.8	15.7	16.1
Unknown	14.0	14.0	9.8	9.5

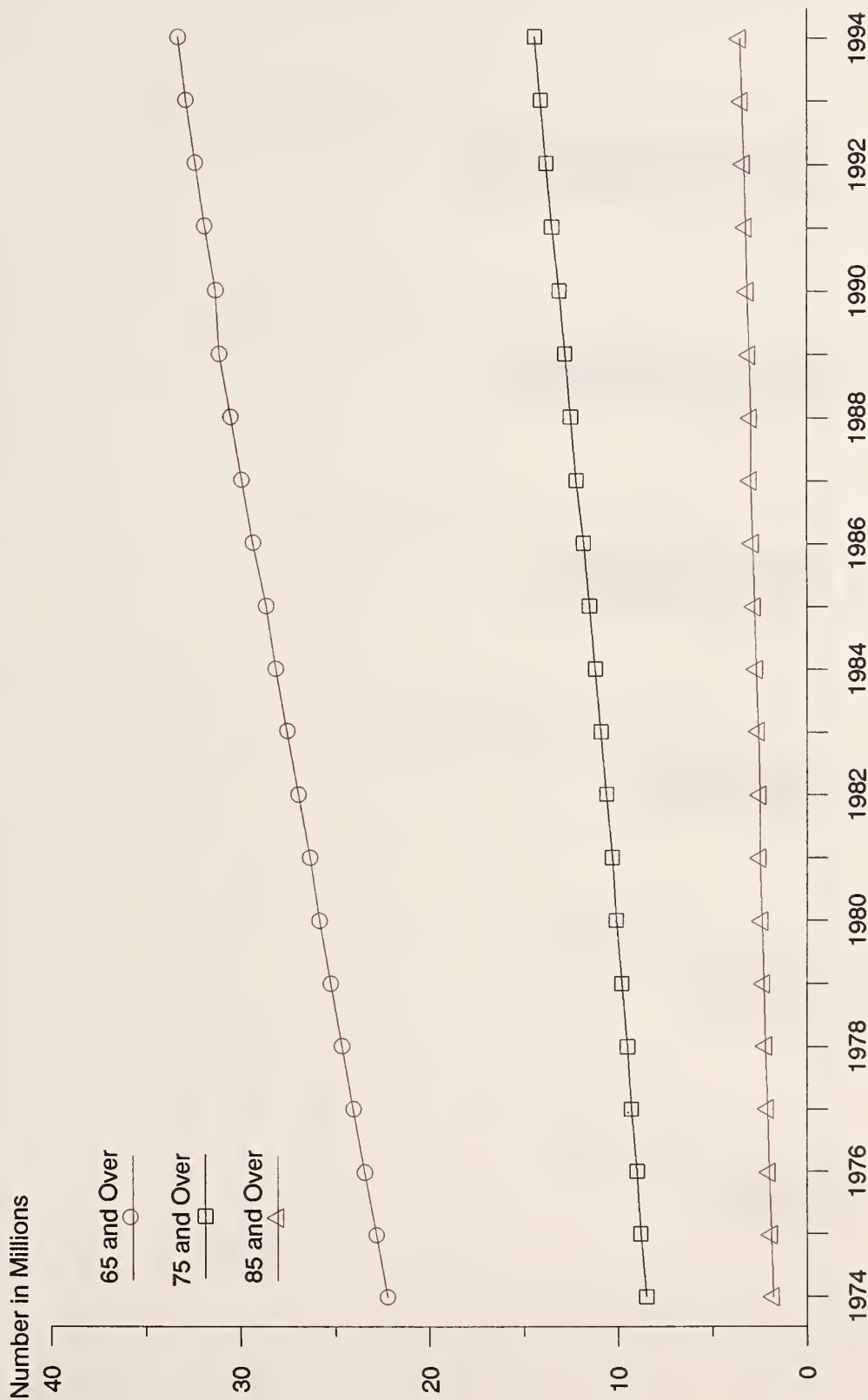
NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1995



# Aged Population of the United States 1974 - 1994



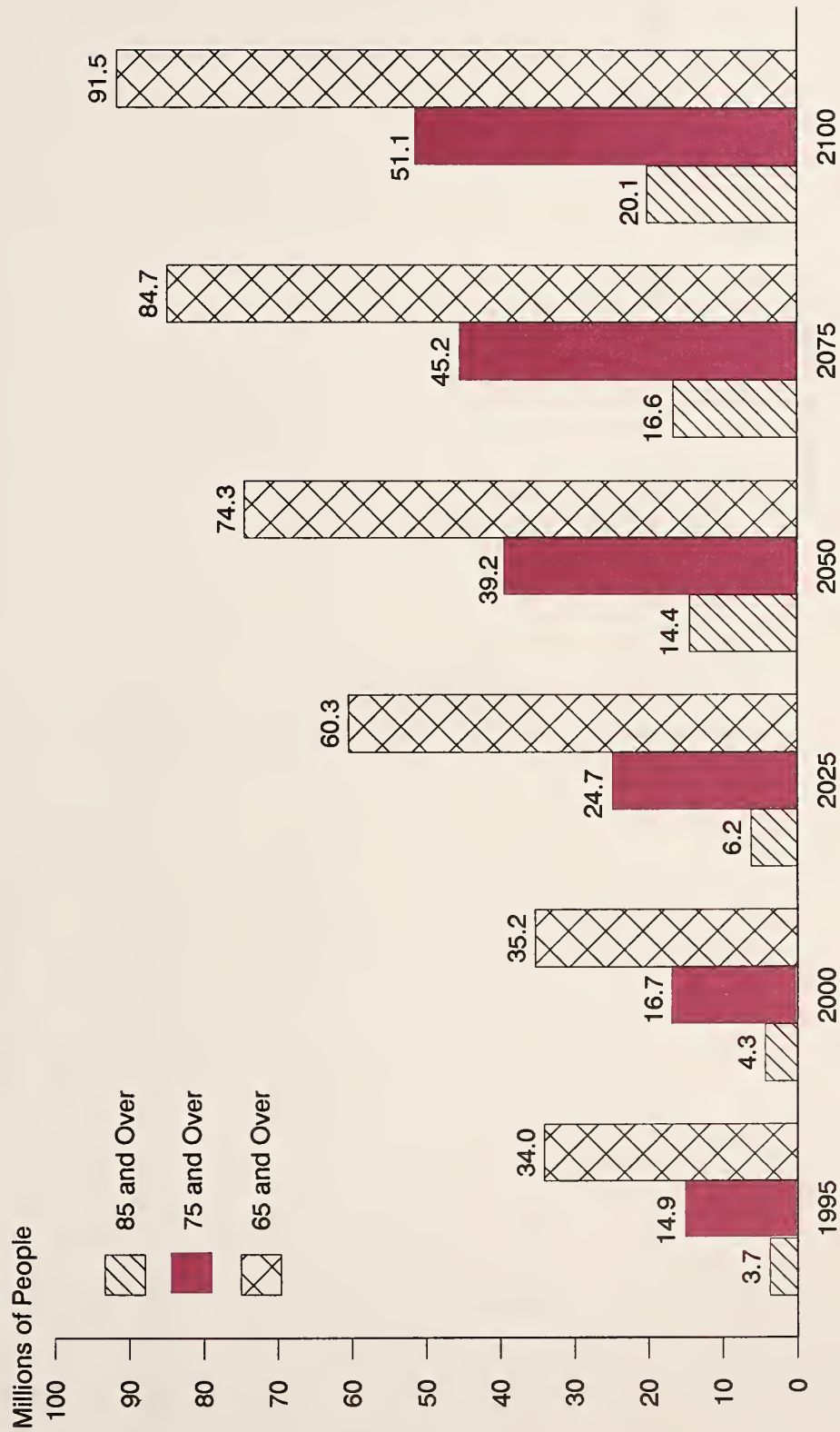
NOTE: Data as of July

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995



# Projected Growth of the Social Security Aged Population by Selected Calendar Years

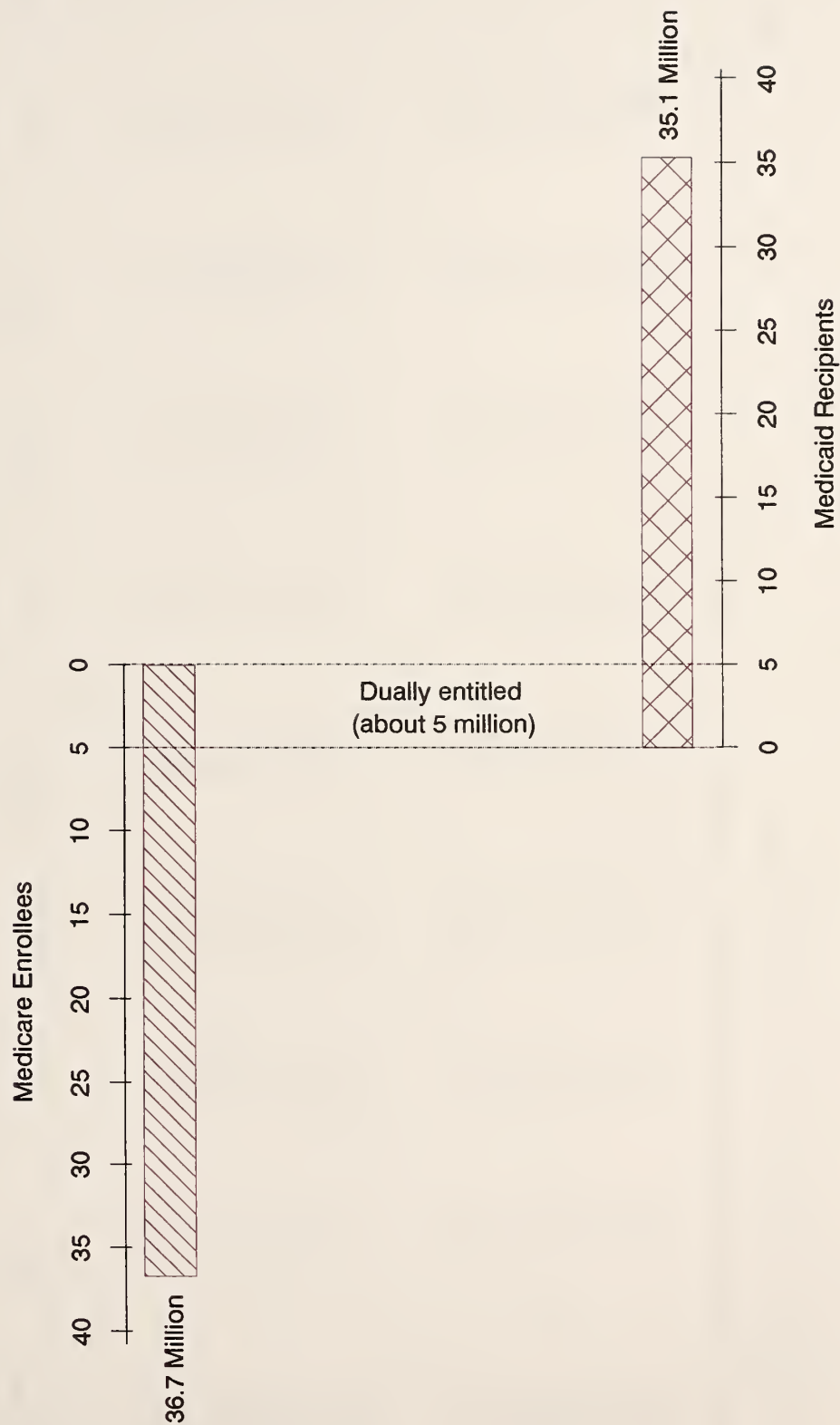


SOURCE: SSA/OACT

March 1995



# HCFA Programs Covered 66.8 Million People in 1994



SOURCE: HCFA/BDMS

March 1995





**Life Expectancy at Birth and at Age 65 by Race and Sex: United States**  
**Selected Calendar Years**

Calendar Year	All Races				White				Black			
	Both Sexes		Men		Women		Both Sexes		Men		Women	
	At Birth											
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7			
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5			
1985	74.7	71.2	78.2	75.3	71.8	78.7	69.3	65.0	73.4			
1988	74.9	71.4	78.3	75.6	72.2	78.9	68.9	64.4	73.2			
1989	75.1	71.7	78.5	75.9	72.5	79.2	68.8	64.3	73.3			
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.5			
1991	75.5	72.0	78.9	76.3	72.9	79.6	69.3	64.6	73.8			
1992	75.7	72.3	79.0	76.5	73.2	79.7	69.8	65.5	73.9			
At Age 65												
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9			
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8			
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9			
1988	16.9	14.7	18.6	17.0	14.8	18.7	15.4	12.9	16.9			
1989	17.1	15.0	18.8	17.2	15.1	18.9	15.2	13.0	16.9			
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2			
1991	17.4	15.3	19.1	17.5	15.4	19.2	15.5	13.4	17.2			
1992	17.5	15.5	19.1	17.5	15.5	19.2	15.9	13.9	17.4			

NOTE: 1992 data are provisional and include deaths of nonresidents of the United States.

SOURCE: Public Health Service, Health United States, 1993.

March 1995

**Life Expectancy at Age 65  
Based on U.S. Life Table Functions**

Calendar Year	Male	Female
Number in years		
1965	12.9	16.3
1980	14.0	18.4
1985	14.4	18.6
1986	14.5	18.7
1987	14.6	18.7
1988	14.6	18.7
1989	14.8	18.9
1990	15.0	19.0
1991	15.1	19.1
1992 <sup>1</sup>	15.0	19.0
1993 <sup>1</sup>	15.1	18.9
1994 <sup>2</sup>	15.2	19.0
1995 <sup>2</sup>	15.3	19.1
1996 <sup>2</sup>	15.3	19.2
1997 <sup>2</sup>	15.4	19.2

<sup>1</sup> Preliminary

<sup>2</sup> Estimated

SOURCE: SSA/OACT

March 1995

# Deaths of Medicare Aged Enrollees Selected Calendar Years

Percent by Age Group of Total Deaths



SOURCE: HCFA/BDMS

March 1995



## V. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.

### HIGHLIGHTS

- o *In 1993, the median household income declined by 1.0 percent from \$31,553 in 1992 to \$31,241 in 1993.*
- o *While the median income for all households was \$31,241, the median income for households with an aged householder was \$17,751 in 1993.*
- o *The number of persons below the official government poverty level was 39.3 million in 1993 compared to 38.0 million in 1992. This represents an increase of 3.3 percent over 1992, and comprises a poverty rate of 15.1 percent of the Nation's population compared to 14.8 percent in 1992.*
- o *In 1993, the poverty rate of 22.7 percent for all children under 18 years of age was higher than the poverty rate of 12.2 percent for the aged.*
- o *In 1993, 12.2 percent of the elderly were living below poverty level compared to 24.6 percent in 1970. This represents a decrease of one million people.*
- o *In all income levels, 1.2 percent of the aged had no health care coverage; whereas, 3.6 percent of the aged below poverty level had no coverage. This represents an increase over 1992 where 0.5 percent of the aged in all income levels had no health care coverage and 2.8 percent of the aged below poverty level had no coverage.*
- o *The Social Security average monthly cash benefit was \$118 as of December 1970 and \$697 as of December 1994.*





**Number and Percent of Persons in the General  
Population Living Below Poverty Level  
Selected Calendar Years**

Calendar Year	Persons in millions	Percent of General Population
1970	25.4	12.6
1980	29.3	13.0
1985	33.1	14.0
1986	32.4	13.6
1987	32.2	13.4
1988	31.7	13.0
1989	32.4	13.1
1990	33.6	13.5
1991	35.7	14.2
1992	38.0	14.8
1993	39.3	15.1

NOTES: The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from data in other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

**Number and Percent of Persons and Families with Female Heads  
Living Below Poverty Level  
Selected Calendar Years**

Calendar Year	Persons		Families	
	Number in millions	Percent	Number in millions	Percent
1970	7.5	38.1	2.0	32.5
1980	10.1	36.7	3.0	32.7
1985	11.6	37.6	3.5	34.0
1986	11.9	38.3	3.6	34.6
1987	12.1	38.1	3.7	34.2
1988	12.0	37.2	3.6	33.4
1989	11.7	35.9	3.6	32.6
1990	12.6	37.2	3.8	33.4
1991	13.8	39.7	4.2	35.6
1992	14.2	39.0	4.3	35.4
1993	14.6	38.7	4.4	35.6

NOTES: The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995

# **Number and Percent of Elderly Living Below Poverty Level Selected Calendar Years**

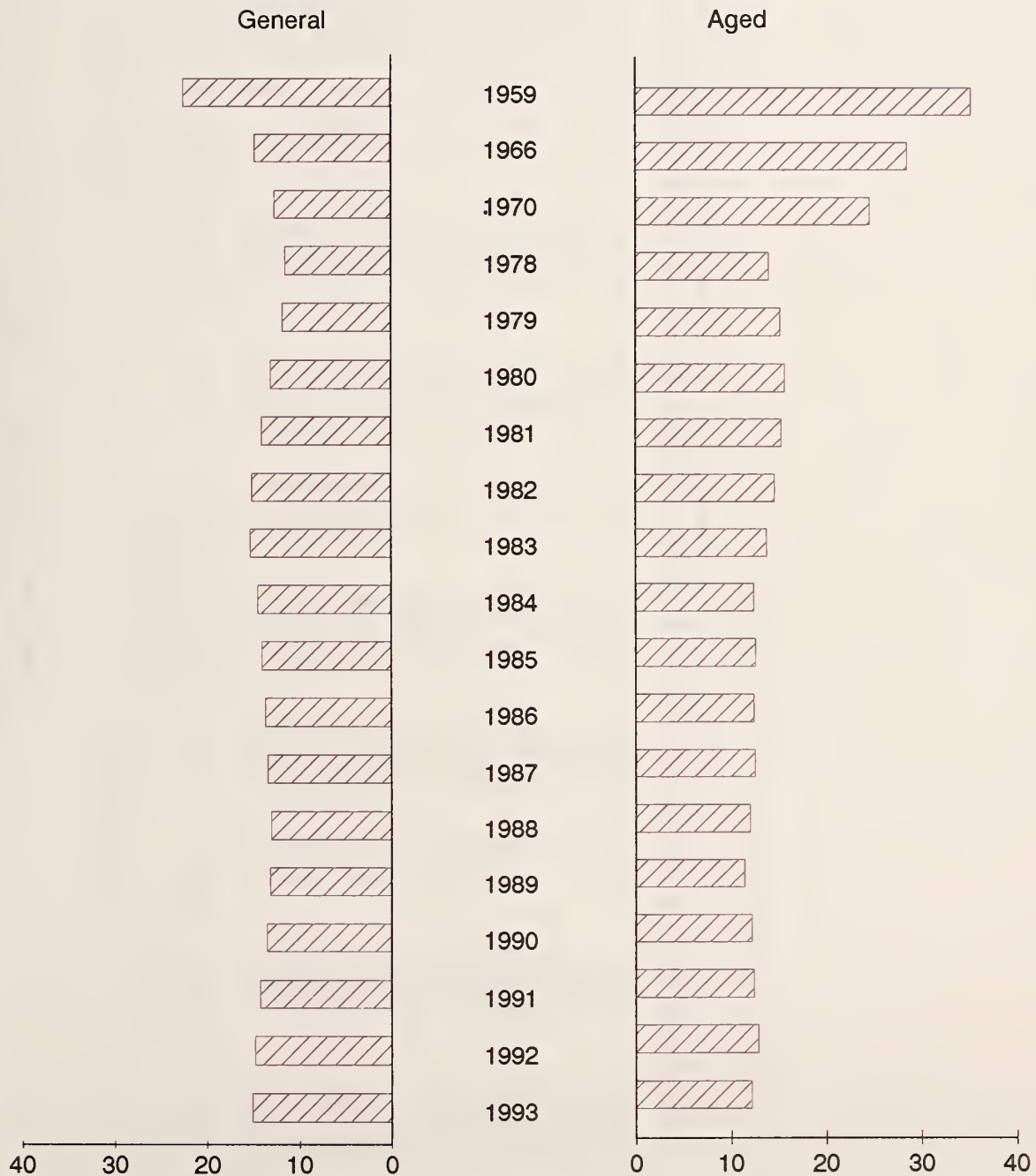
Calendar Year	Persons		Poverty Level	
	Number in millions	Percent of Total Elderly	Single Person	Two Persons
Amount in dollars				
1970	4.8	24.6	\$1,861	\$2,348
1978	3.2	14.0	3,127	3,944
1979	3.7	15.2	3,479	4,390
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630
1987	3.6	12.5	5,447	6,872
1988	3.5	12.0	5,674	7,158
1989	3.3	11.4	5,947	7,501
1990	3.7	12.2	6,268	7,905
1991	3.8	12.4	6,532	8,241
1992	3.9	12.9	6,729	8,487
1993	3.8	12.2	6,930	8,740

NOTES: The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995

# Percent of Population Living Below Poverty Level Selected Years



SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995



# Poverty Status of Persons by Age Calendar Years 1980 – 1993

Year	Under 18 years				Over 18 years			
	All Persons		Related Children in Families		18 to 64 years		65 years and over	
	Total	Below Poverty Number	Total	Below Poverty Number	Total	Below Poverty Number	Total	Below Poverty Number
		Percent		Percent		Percent		Percent
1980	62,914	11,543	62,168	11,114	137,428	13,858	24,686	3,871
1981	62,449	12,505	61,756	12,068	139,477	15,464	25,231	3,853
1982	62,345	13,647	61,565	13,139	141,328	17,000	25,738	3,751
1983	62,334	13,911	61,578	13,427	143,052	17,767	26,313	3,625
1984	62,447	13,420	61,681	12,929	144,551	16,952	26,818	3,330
1985	62,876	13,010	62,019	12,483	146,396	16,598	27,322	3,456
1986	62,948	12,876	62,009	12,257	147,631	16,017	27,975	3,477
1987	63,294	12,843	62,423	12,275	149,201	15,815	28,487	3,563
1988	63,747	12,455	62,906	11,935	150,761	15,809	29,022	3,481
1989	64,144	12,590	63,225	12,001	152,282	15,575	29,566	3,363
1990	65,049	13,431	63,908	12,715	153,502	16,496	30,093	3,658
1991	65,918	14,341	64,800	13,658	154,671	17,585	30,590	3,781
1992	68,440	15,294	67,256	14,521	157,680	18,793	30,430	3,928
1993	69,292	15,727	68,040	14,961	159,208	19,781	30,779	3,755

NOTES: Data are in thousands. Data for "Persons" are as of March of the following year. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995



**Households with Noncash Benefits by Age  
Calendar Year 1992**

	All Households	Under 65 Years	65 Years and over	Mean Age
<b>Total Households</b>	96,391	75,495	20,896	48.4
Households with One or More Members Receiving Means – Tested Noncash Benefits	18,380	14,781	3,598	45.6
<i>Percent of Households with Means – Tested Noncash Benefits</i>				
Food Stamps	8.8	9.8	5.5	42.2
Free or Reduced Price School Lunches	7.4	9.1	1.0	38.5
Public or Subsidized Renter of Occupied Housing	4.6	4.2	6.3	48.0
Medicaid	12.8	13.0	11.9	45.5
<b>Total Households in Poverty</b>	13,376	10,137	3,239	47.0
Households with One or More Members Receiving Means – Tested Noncash Benefits	8,453	6,956	1,497	43.8
<i>Percent of Households with Means – Tested Noncash Benefits</i>				
Food Stamps	43.9	50.3	23.9	41.3
Free or Reduced Price School Lunches	26.9	34.6	2.9	37.3
Public or Subsidized Renter of Occupied Housing	19.6	20.1	17.8	44.4
Medicaid	48.3	53.0	33.5	42.8

NOTES: Data for total households are shown in thousands. Noncash benefits are benefits received in a form other than money which enhances the economic well-being of the recipient.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995



# Comparison of Income Summary Measures between 1993 and 1992 by Selected Characteristics

	1993		1992 Median Income	Percent Change in Real Income
	Number in thousands	Median Income		
<b>Households</b>				
All Households	97,107	\$31,241	\$31,553	* -1.0
<i>Region</i>				
Northeast	19,470	33,747	33,987	-0.7
Midwest	23,385	31,400	31,726	-1.0
South	33,904	28,441	28,436	0.0
West	20,347	33,739	34,322	-1.7
<i>Age of Householder</i>				
15 to 24 years	5,263	19,340	18,192	*6.3
25 to 34 years	19,717	31,281	32,174	*-2.8
35 to 44 years	22,293	40,862	41,046	-0.4
45 to 54 years	16,837	46,207	45,766	1.0
55 to 64 years	12,188	33,474	35,011	*-4.4
65 years and over	20,806	17,751	17,648	0.6
<b>Families</b>				
All Families	68,506	36,959	37,668	* -1.9
<i>Race and Hispanic Origin of Householder</i>				
White	57,881	39,300	39,828	* -1.3
Black	7,993	21,542	21,735	-0.9
Hispanic <sup>1</sup>	5,946	23,654	24,260	-2.5
<i>Type of Family</i>				
<i>All Races</i>				
Married—Couple Families	53,181	43,005	43,144	-0.3
Female Householder, No Husband Present	12,411	17,443	17,535	-0.5
<i>White</i>				
Married—Couple Families	47,452	43,675	43,776	-0.2
Female Householder, No Husband Present	8,131	20,000	20,518	-2.5
<i>Black</i>				
Married—Couple Families	3,715	35,218	35,353	-0.4
Female Householder, No Husband Present	3,828	11,909	12,199	-2.4
<i>Hispanic Origin <sup>1</sup></i>				
Married—Couple Families	4,038	28,454	29,030	-2.0
Female Householder, No Husband Present	1,498	12,047	13,084	* -7.9
<b>Per Capita Income</b>				
All Races	259,753	15,574	15,291	*1.8
White	215,221	16,576	16,258	*2.0
Black	33,040	9,806	9,516	3.1
Hispanic origin <sup>1</sup>	26,646	8,771	8,848	-0.9

<sup>1</sup> Persons of Hispanic origin may be of any race.

NOTES: Data for households, families, and persons are as of March 1994. An asterisk indicates a statistically significant change at the 90-percent confidence level. The 1992 median income is in 1993 dollars. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995

### Median Income of Aged by Type of Household 1993

Type of Household and Median Income	Total	65 to 69 years	70 to 74 years	75 years and over
All Households	20,806	6,028	5,611	9,167
Median Income	\$17,751	\$23,753	\$18,970	\$14,328
Family Households	11,214	3,929	3,309	3,977
Median Income	\$25,821	\$30,735	\$25,819	\$22,141
Married—couple	9,247	3,279	2,782	3,186
Median Income	\$26,197	\$31,560	\$25,826	\$22,201
Male Householder <sup>1</sup>	381	129	94	157
Median Income	\$27,855	\$30,004	\$32,949	\$22,952
Female Householder <sup>1</sup>	1,587	520	432	634
Median Income	\$22,522	\$23,584	\$24,790	\$21,580

<sup>1</sup> With no spouse present in the household.

NOTES: Data for number of households are in thousands. Data are as of March 1994. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

### Median Income of Aged Householders by Race and Hispanic Origin 1993

Race and Hispanic Origin	Total	65 to 69 years	70 to 74 years	75 years and over
All Races <sup>1</sup>	20,806	6,028	5,611	9,167
Median Income	\$17,751	\$23,753	\$18,970	\$14,328
White	18,702	5,329	5,018	8,355
Median Income	\$18,471	\$24,821	\$19,655	\$14,755
Black	1,767	579	492	696
Median Income	\$11,926	\$14,889	\$13,260	\$9,948
Hispanic Origin <sup>2</sup>	799	285	240	274
Median Income	\$13,284	\$15,818	\$12,610	\$11,993

<sup>1</sup> The total for "All Races" includes data for "Other Races" not displayed separately.

<sup>2</sup> Persons of "Hispanic" origin may be of any race and are also included in "All Races" and "Black" or "White" categories.

NOTES: Data for number of households are in thousands. Data are as of March 1994.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995

**All Aged Households  
by Total Money Income and Age Group  
Calendar Year 1993**

Income	65 years and over	65 to 69 years	70 to 74 years	75 years and over
Number in thousands				
Aged Households	20,806	6,028	5,611	9,167
Less than \$5,000	974	176	228	570
\$5,000 - \$9,999	4,185	809	982	2,393
\$10,000 - \$14,999	3,569	774	958	1,837
\$15,000 - \$19,999	2,757	757	782	1,218
\$20,000 - \$24,999	2,146	653	620	873
\$25,000 - \$29,999	1,551	514	460	576
\$30,000 - \$34,999	1,276	495	373	408
\$35,000 - \$39,999	872	322	238	312
\$40,000 - \$44,999	636	262	198	175
\$45,000 - \$49,999	526	208	161	157
\$50,000 - \$54,999	382	172	94	117
\$55,000 - \$59,999	332	145	95	92
\$60,000 - \$64,999	267	111	70	87
\$65,000 - \$69,999	225	90	71	65
\$70,000 - \$74,999	146	59	38	48
\$75,000 - \$79,999	124	55	31	38
\$80,000 - \$84,999	102	55	16	31
\$85,000 - \$89,999	115	48	39	28
\$90,000 - \$94,999	75	42	21	11
\$95,000 - \$99,999	62	25	20	17
\$100,000 and over	484	255	115	114

NOTES: Data are as of March 1994. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995

**Number of Aged Family Households  
by Total Money Income and Type of Household  
Calendar Year 1993**

Income	Type of Household		
	Married Couple	Male Householder <sup>1</sup>	Female Householder <sup>1</sup>
Number in thousands			
Aged Households	9,247	381	1,587
Less than \$5,000	111	4	40
\$5,000 – \$9,999	499	38	155
\$10,000 – \$14,999	1,180	50	267
\$15,000 – \$19,999	1,321	39	232
\$20,000 – \$24,999	1,264	38	163
\$25,000 – \$29,999	976	35	155
\$30,000 – \$34,999	861	36	118
\$35,000 – \$39,999	586	19	83
\$40,000 – \$44,999	426	20	65
\$45,000 – \$49,999	339	28	67
\$50,000 – \$54,999	285	10	40
\$55,000 – \$59,999	258	8	25
\$60,000 – \$64,999	179	12	24
\$65,000 – \$69,999	170	3	26
\$70,000 – \$74,999	96	3	24
\$75,000 – \$79,999	72	6	24
\$80,000 – \$84,999	60	9	15
\$85,000 – \$89,999	75	4	17
\$90,000 – \$94,999	63	1	1
\$95,000 – \$99,999	43	2	17
\$100,000 and over	382	14	30

<sup>1</sup> With no spouse present in the household.

NOTES: Data are as of March 1994. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995



# Distribution of Health Insurance Coverage of Aged by Sex Calendar Year 1993

Sex, Age, and Type of Household	Total	Total Covered	Private Health Insurance	Government Health Insurance			Not Covered
				Medicare	Medicaid	CHAMPUS, VA, or Military Health Care	

## All Income Levels

### Number in thousands

#### Both Sexes

65 and over	30,779	30,416	20,324	29,390	2,709	1,208	363
65 to 74 years	18,087	17,857	12,435	17,064	1,439	892	230
75 years and over	12,692	12,559	7,889	12,326	1,270	316	134

#### Male

65 and over	12,736	12,605	8,823	12,068	816	723	131
65 to 74 years	7,924	7,840	5,616	7,410	475	516	84
75 years and over	4,812	4,765	3,207	4,658	341	207	47

#### Female

65 and over	18,043	17,811	11,502	17,322	1,893	485	232
65 to 74 years	10,163	10,017	6,819	9,654	964	376	146
75 years and over	7,880	7,794	4,682	7,668	929	109	86

### Percent Distribution

#### Both Sexes

65 and over	100.0	98.8	66.0	95.5	8.8	3.9	1.2
65 to 74 years	100.0	98.7	68.8	94.3	8.0	4.9	1.3
75 years and over	100.0	98.9	62.2	97.1	10.0	2.5	1.1

#### Male

65 and over	100.0	99.0	69.3	94.8	6.4	5.7	1.0
65 to 74 years	100.0	98.9	70.9	93.5	6.0	6.5	1.1
75 years and over	100.0	99.0	66.6	96.8	7.1	4.3	1.0

#### Female

65 and over	100.0	98.7	63.7	96.0	10.5	2.7	1.3
65 to 74 years	100.0	98.6	67.1	95.0	9.5	3.7	1.4
75 years and over	100.0	98.9	59.4	97.3	11.8	1.4	1.1

NOTES: Data are as of March 1994 and refer to persons 65 and over. "Total Covered" indicates some form of health insurance during all or part of the year. "Not Covered" means no health insurance at any time during the year. CHAMPUS is Civilian Health and Medical Program of the Uniformed Services. VA is Veterans Administration. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1995

**Social Security Cash Benefits**  
**Average Retired Worker's Benefit (Individuals)**

Year	Average Monthly Benefit <sup>1</sup>	Statutory and Automatic Increase	
		Effective Date	Percent Increase
1970	\$118	1/70	15.0
1975	207	<sup>2</sup> 6/75	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2
1988	537	12/88	4.0
1989	567	12/89	4.7
1990	603	12/90	5.4
1991	629	12/91	3.7
1992	653	12/92	3.0
1993	674	12/93	2.6
1994	697	12/94	2.8

<sup>1</sup> As of December of each year.

<sup>2</sup> Increases after 1974 are automatic.

SOURCE: SSA/OACT

March 1995



## VI. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) diminisions of the services rendered, e.g., length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

### HIGHLIGHTS

- o The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 enrollees in 1975 to 825 per 1,000 enrollees in 1993.
- o The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 751 during the same period.
- o The total number of inpatient hospital admissions in the United States and the number of inpatient days has declined steadily since 1983.
- o The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.
- o The average length of stay for all short-stay and PPS only hospitals has been the same for the past several years.
- o The persons served rate per 1,000 enrollees for Medicare skilled nursing facilities, has almost tripled from 1992 to 1993. During the same period the home health agencies persons served rate per 1,000 enrollees has doubled.



# **Medicare Short–Stay Hospital Utilization Selected Fiscal Years**

	1985	1990	1992	1993	1994 <sup>1</sup>
<b>Discharges</b>					
Total in millions	10.5	10.5	11.1	11.1	11.4
Rate per 1,000 Enrollees <sup>2</sup>	347	313	319	309	318
<b>Days of Care</b>					
Total in millions	92	94	95	91	87
Rate per 1,000 Enrollees <sup>2</sup>	3,016	2,805	2,711	2,512	2,448
<b>Average Length of Stay</b>					
All short–stay	8.7	9.0	8.5	8.2	7.6
Excluded Units <sup>3</sup>	18.8	19.5	18.0	17.2	15.9
<b>Total Charges per Day</b>	<b>\$597</b>	<b>\$1,060</b>	<b>\$1,385</b>	<b>\$1,544</b>	<b>\$1,684</b>

<sup>1</sup> Data as of 12/94 for fiscal year 1994 should be treated as preliminary.

<sup>2</sup> The population base excludes HI enrollees residing in Foreign countries.

<sup>3</sup> Includes alcohol/drug, psychiatric, and rehabilitation units.

NOTES: Data may reflect underreporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no–pay, at–risk HMO utilization; and no–pay Medicare secondary payer bills. Average length of stay is shown in days. For all short–stay and excluded units, the 1985 data are based on a 20 percent sample of Medicare HI enrollees using the MEDPAR file. Data for 1990 through 1994 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with a different update cycle.

SOURCE: HCFA/BDMS

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### Medicare Short-Stay Hospital Days per Person by Days of Care Calendar Year 1993

Total Days of Care	Persons Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
Total	7,012,735	100.0	100.0	88,871,010	100.0	12.7
1 day	394,490	5.6	5.6	389,990	0.4	1.0
2 days	538,665	7.7	13.3	1,077,330	1.2	2.0
3 days	609,890	8.7	22.0	1,829,670	2.1	3.0
4 days	581,520	8.3	30.3	2,326,080	2.6	4.0
5 days	507,025	7.2	37.5	2,535,125	2.9	5.0
6 days	455,245	6.5	44.0	2,731,470	3.1	6.0
7 days	426,900	6.1	50.1	2,988,300	3.4	7.0
8 days	363,105	5.2	55.3	2,904,840	3.3	8.0
9 days	300,785	4.3	59.6	2,707,065	3.0	9.0
10 days	259,295	3.7	63.3	2,592,950	2.9	10.0
11 days	221,405	3.2	66.4	2,435,455	2.7	11.0
12 days	192,385	2.7	69.2	2,308,620	2.6	12.0
13 days	171,495	2.4	71.6	2,229,435	2.5	13.0
14 days	158,990	2.3	73.9	2,225,860	2.5	14.0
15 days	142,320	2.0	75.9	2,134,800	2.4	15.0
16 days	123,450	1.8	77.7	1,975,200	2.2	16.0
17 days	111,670	1.6	79.3	1,898,390	2.1	17.0
18 days	101,280	1.4	80.7	1,823,040	2.1	18.0
19 days	90,810	1.3	82.0	1,725,390	1.9	19.0
20 days	83,810	1.2	83.2	1,676,200	1.9	20.0
21 to 30 days	548,575	7.8	91.0	13,634,500	15.3	24.9
31 to 40 days	264,170	3.8	94.8	9,229,755	10.4	34.9
41 to 50 days	141,705	2.0	96.8	6,379,675	7.2	45.0
51 to 60 days	80,505	1.1	98.0	4,433,955	5.0	55.1
61 to 90 days	99,475	1.4	99.4	7,192,950	8.1	72.3
91 days or more	43,770	0.6	100.0	5,484,965	6.2	125.3

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays, and days from all stays are combined. Calendar year data are derived from the 1993 MEDPAR stay file. This file includes stays recorded in HCFA central office through March 1994. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/ORD/BDMS

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# **Medicare Short-Stay Hospital Discharges by Length of Stay Calendar Year 1993**

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
Total	11,157,860	100.0	--	88,871,010	100.0	--
1 day	868,355	7.8	7.8	855,795	1.0	1.0
2 days	1,129,830	10.1	17.9	2,259,660	2.5	3.5
3 days	1,265,600	11.3	29.3	3,796,800	4.3	7.8
4 days	1,210,400	10.8	40.1	4,841,600	5.4	13.2
5 days	1,038,160	9.3	49.4	5,190,800	5.8	19.1
6 days	901,620	8.1	57.5	5,409,720	6.1	25.2
7 days	821,340	7.4	64.8	5,749,380	6.5	31.6
8 days	660,565	5.9	70.8	5,284,520	5.9	37.6
9 days	512,710	4.6	75.4	4,614,390	5.2	42.8
10 days	411,630	3.7	79.0	4,116,300	4.6	47.4
11 days	325,075	2.9	82.0	3,575,825	4.0	51.4
12 days	260,865	2.3	84.3	3,130,380	3.5	54.9
13 days	220,605	2.0	86.3	2,867,865	3.2	58.2
14 days	204,270	1.8	88.1	2,859,780	3.2	61.4
15 days	166,920	1.5	89.6	2,503,800	2.8	64.2
16 days	132,230	1.2	90.8	2,115,680	2.4	66.6
17 days	109,150	1.0	91.8	1,855,550	2.1	68.7
18 days	95,425	0.9	92.6	1,717,650	1.9	70.6
19 days	79,770	0.7	93.3	1,515,630	1.7	72.3
20 days	72,125	0.6	94.0	1,442,500	1.6	73.9
21 to 30 days	401,860	3.6	97.6	9,843,395	11.1	85.0
31 to 40 days	131,855	1.2	98.8	4,577,730	5.2	90.2
41 to 50 days	59,650	0.5	99.3	2,675,470	3.0	93.2
51 to 60 days	28,900	0.3	99.6	1,589,830	1.8	95.0
61 to 90 days	33,095	0.3	99.9	2,376,540	2.7	97.6
91 days or more	15,855	0.1	100.0	2,104,420	2.4	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 1993 MEDPAR stay file. This file includes stays recorded in HCFA central office through March 1994. Totals do not necessarily equal the sum of rounded components.

SOURCES: HCFA/ORD/BDMS

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# Medicare Short-Stay Hospital DRGs Ranked by Discharges Fiscal Year 1993

Rank	DRG No.	DRG Relative Weight	Discharges <sup>1</sup>		Average Length of Stay	Average Charge Per Discharge	Total Payments <sup>2</sup> (in thousands)	Total Medicare Payments (in thousands)	Beneficiary Payments <sup>3</sup> (in thousands)	Average Payments <sup>4</sup>	
			Number	Percent						Total	Beneficiary
1	127	1.0150	11,113,887	100.0	8.3	\$12,608	\$74,659,892	\$68,556,693	\$6,103,199	\$6,718	\$6,169
2	089	1.1581	684,735	6.2	7.5	9,019	3,248,283	2,914,994	333,289	4,744	4,257
3	014	1.2160	415,718	3.7	8.5	9,495	2,172,086	1,946,381	225,704	5,225	4,682
4	088	0.9941	360,983	3.2	9.6	10,758	2,095,463	1,887,294	208,169	5,805	5,228
5	140	0.6219	336,936	3.0	4.3	8,648	1,530,782	1,354,385	176,397	4,543	4,020
6	209	2.3686	320,714	2.9	9.7	5,340	892,540	732,083	160,457	2,783	2,283
7	182	0.7721	305,891	2.8	7.3	19,813	3,193,096	3,010,910	182,186	10,439	9,843
8	430	0.9040	236,288	2.1	6.0	6,611	846,194	725,750	120,445	3,581	3,071
9	296	0.9410	235,196	2.1	8.0	11,543	1,435,398	1,278,251	157,146	6,103	5,435
10	174	0.9794	232,759	2.1	16.2	8,194	1,057,534	944,049	113,486	4,543	4,056
11	138	0.8110	228,781	2.1	6.7	8,582	1,039,989	919,037	120,952	4,546	4,017
12	079	1.7510	201,508	1.8	5.7	7,011	762,649	660,424	102,224	3,785	3,277
13	320	0.9807	176,782	1.6	8.1	14,416	1,406,109	1,309,381	96,728	7,954	7,407
14	416	1.5222	172,050	1.5	11.4	8,355	804,568	712,840	91,728	4,676	4,143
15	112	1.9874	167,359	1.5	9.2	13,153	1,189,659	1,098,629	91,030	7,108	6,565
16	462	1.7805	166,552	1.5	5.7	17,901	1,540,441	1,465,908	74,534	9,249	8,802
17	121	1.6114	164,347	1.5	10.1	17,393	1,634,319	1,562,404	71,915	9,944	9,507
18	148	3.1353	160,749	1.4	15.5	13,831	1,084,960	1,002,896	82,064	6,749	6,239
19	124	1.2029	147,094	1.3	19.4	28,641	2,217,676	2,126,072	91,604	15,077	14,454
20	143	0.5164	135,137	1.2	5.7	11,345	750,931	686,936	63,994	5,557	5,083
21	015	0.6662	134,706	1.2	5.3	4,493	333,824	259,417	74,406	2,478	1,926
22	210	1.9077	132,573	1.2	3.3	6,011	425,641	350,415	75,226	3,211	2,643
23	410	0.6095	131,143	1.2	12.1	16,298	1,143,933	1,067,666	76,266	8,723	8,141
24	478	2.1645	120,380	1.1	3.6	6,286	374,522	353,476	21,046	3,111	2,936
25	122	1.1532	114,463	1.0	10.1	20,231	1,216,405	1,156,331	60,074	10,627	10,102
			95,527	0.9	6.7	9,492	435,055	387,535	47,519	4,554	4,057

<sup>1</sup> Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

<sup>2</sup> Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations. Excluded are bills for no-pay, at-risk HMO utilization and no-pay Medicare secondary payor bills.

<sup>3</sup> Beneficiary payments are the responsibility of the beneficiary or other third party payor.

<sup>4</sup> Average payments are calculated using actual dollar amounts, not rounded data shown.

SOURCE: HCFA/BDMS

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# **Medicare DRG Ranking for All Short-Stay Hospitals** **Fiscal Year 1993 versus Fiscal Year 1992**

FY Rank 1993	1992	DRG Number	Descriptions
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	3	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
4	6	088	Chronic Obstructive Pulmonary Disease
5	4	140	Angina Pectoris
6	5	209	Major Joint and Limb Reattachment Procedures
7	7	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
8	9	430	Psychoses
9	8	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
10	10	174	Gastrointestinal Hemorrhage with Complicating Conditions
11	11	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
12	13	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
13	12	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
14	16	416	Septicemia, Age over 17
15	15	112	Vascular Procedures except Major Reconstruction, without Pump
16	18	462	Rehabilitation
17	14	121	Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive
18	17	148	Major Small and Large Bowel Procedures with Complicating Conditions
19	19	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis
20	21	143	Chest Pain
21	20	015	Transient Ischemic Attack and Precerebral Occlusions
22	22	210	Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions
23	23	410	Chemotherapy
24	24	478	Other Vascular Procedures with Complicating Conditions
25	28	122	Circulatory Disorders with AMI w/o C.V. Complications, Discharged Alive

SOURCE: HCFA/BDMS

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# **Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1993**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
All procedure codes <sup>2</sup>			
Leading procedure codes <sup>3</sup>			
99213	Office/outpatient evaluation and management, established patient, level 3	\$2,325,942,494	5.0
66984	Extracapsular cataract removal with insertion of IOL	1,787,131,325	3.9
99232	Subsequent hospital care, per day, evaluation and management, level 2	1,407,283,652	3.1
99214	Office/outpatient evaluation and management, established patient, level 4	1,236,434,676	2.7
99231	Subsequent hospital care, per day, evaluation and management, level 1	988,244,567	2.1
99212	Office/outpatient evaluation and management, established patient, level 2	682,981,900	1.5
99233	Subsequent hospital care, per day, evaluation and management, level 2	599,016,066	1.3
A0010	Ambulance service, basic life support, base rate, emergency transport	484,339,234	1.1
99223	Initial hospital care for evaluation and management, level 3	449,864,241	1.0
93307	Echocardiography, real-time with image documentation (2D), complete	428,355,075	0.9
88305	Level II - Surgical pathology, gross and microscopic examination	420,699,838	0.9
99215	Office/outpatient evaluation and management, established patient, level 5	419,746,706	0.9
A0220	Ambulance service, advanced life support, base rate	404,315,322	0.9
99254	Initial inpatient consultation for a new or established patient, level 4	389,672,637	0.8
90844	Individual medical psychotherapy by a physician, (45-50 minutes)	364,838,075	0.8
71020	Radiologic examination, chest, two views, frontal and lateral	325,415,286	0.7
66821	Discussion of secondary membranous cataract, laser surgery	315,293,797	0.7
J9217	Leuprolide acetate, for depot suspension, 7.5MG	296,013,628	0.6
99238	Hospital discharge day management	288,237,260	0.6
92014	Ophthalmological medical exam and evaluation, comprehensive	283,351,605	0.6
99222	Initial hospital care, for evaluation and management, level 2	282,773,650	0.6
E1400	Oxygen concentrator, specified maximum flow rate <2 liters per minute	281,528,341	0.6
99285	Emergency department evaluation and management, level 5	274,228,924	0.6

**Medicare Leading Part B Procedure Codes Based on Allowed Charges**  
**Calendar Year 1993**  
**continued**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
27447	Arthroplasty, knee, condyle and plateau	268,099,642	0.6
99255	Initial inpatient consultations	253,218,089	0.5
B4150	Enteral formulae category 1; semi-synthetic intact protein/protein isolates	252,302,472	0.5
99244	Office consultation for a new or established patient, level 4	248,759,718	0.5
80019	Automated multichannel test	246,710,355	0.5
99284	Emergency department evaluation and management, level 4	240,728,911	0.5
A2000	Manipulation of spine by chiropractor	235,761,006	0.5
B4035	Enteral feeding supply kit; pump fed, per day	228,609,957	0.5
E1403	Oxygen concentrator specified maximum flow rate > than 4 liters per minute	223,041,315	0.5
93547	Combined left heart catheterization, selective coronary angiography	219,618,938	0.5
E1401	Oxygen concentrator, specified maximum flow rate > than 2 liters per minute	217,941,342	0.5
77430	Weekly radiation therapy management	209,232,911	0.5
99291	Critical care, including the diagnostic and therapeutic services	208,856,462	0.5
90921	ESRD related services, > 20 years age, full month services	207,286,611	0.4
93005	Electrocardiogram, routine ECG with at least 12 leads	204,067,475	0.4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	200,777,466	0.4
45385	Colonoscopy, fiberoptic, beyond splenic flexure	197,926,497	0.4
92012	Ophthalmological medical examination/evaluation, established patient	197,921,875	0.4
99312	Subsequent nursing facility care, per day, for evaluation, level 3	197,102,116	0.4
99311	Subsequent nursing facility care, per day, for evaluation, level 1	195,179,729	0.4
92982	Percutaneous transluminal coronary angioplasty	194,745,920	0.4
A0150	Non-emergency transportation, ambulance, base rate one way	188,695,904	0.4
99283	Emergency department evaluation and management, level 3	184,454,064	0.4
45378	Colonoscopy, fiberoptic, beyond splenic flexure	183,205,611	0.4
E0439	Stationary liquid oxygen system, rental, 10 - lbs	177,838,608	0.4
99203	Office/outpatient visit, new, evaluation and management, low complexity	174,673,012	0.4



**Medicare Leading Part B Procedure Codes Based on Allowed Charges**  
**Calendar Year 1993**  
**continued**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
71010	Radiologic examination, single view, frontal, chest		
93320	Doppler echocardiography, pulsed wave and/or continuous wave	173,168,193	0.4
99253	Initial inpatient consultation, new, evaluation and management	172,941,693	0.4
99204	Office/outpatient visit, new, evaluation and management, moderate complexity	170,956,226	0.4
A0020	Ambulance services, one way, transport, (bls) per mile	169,524,169	0.4
43239	Upper gastrointestinal endoscopy including esophagus with biopsy	166,994,598	0.4
00142	Anesthesia for procedure on eye	157,790,075	0.3
85025	Blood count	151,969,893	0.3
90843	Psychotherapy 10 - 30 minutes	149,689,685	0.3
78465	Heart image (3D) multiple	147,437,867	0.3
99245	Office consultation for a new or established patient, level 5	145,277,274	0.3
52601	Prostatectomy (TURP)	140,263,570	0.3
99243	Office consultation, established patient, moderate severity, 40 minutes	137,565,161	0.3
36415	Drawing blood, finger/heel, ear	135,497,963	0.3
99205	Office/outpatient visit, new, moderate to high severity, 60 minutes	134,928,512	0.3
84443	Thyroid stimulating hormone	134,842,862	0.3
43235	Upper GI endoscopy, diagnosis	134,819,246	0.3
93880	Duplex scan of extracranial arteries; complete bilateral study	134,598,738	0.3
93549	Combined right and left heart catheterization	134,071,705	0.3
27130	Total hip replacement	134,009,950	0.3

<sup>1</sup> Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

<sup>2</sup> The total number of procedure codes is approximately 10,000.

<sup>3</sup> Allowed charges were aggregated by procedure code. The above listed 69 procedure codes account for approximately 50% of the allowed charges.

NOTE: Data from the Part B Extract Summary System (BESS).

SOURCE: HCFA/BDMS

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### Medicare Persons Served Selected Calendar Years

	1975	1980	1985	1991	1992	1993
<b>Aged Persons Served per 1,000 Enrollees</b>						
HI and/or SMI	528	638	722	800	794	825
HI	221	240	219	212	213	216
SMI	536	652	739	830	823	856
<b>Disabled Persons Served per 1,000 Enrollees</b>						
HI and/or SMI	450	594	669	728	729	751
HI	219	246	228	209	209	211
SMI	471	634	715	799	799	825

NOTES: Utilization rates are based on persons receiving fee-for-service care and total persons enrolled (including members of prepaid health plans). Data for calendar year 1993 are as of May 1994.

SOURCE: HCFA/BDMS

### Medicare Persons Served by Type of Service Calendar Year 1993

	Aged		Disabled	
	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees
<b>Hospital and/or Supplementary Medical Insurance</b>	26,793	825	2,888	751
Hospital Insurance	6,912	216	812	211
Inpatient Hospital	6,109	191	748	195
Skilled Nursing Facility	875	27	33	9
Home Health Agency	2,669	83	199	52
<b>Supplementary</b>				
Medical Insurance	26,657	856	2,858	825
Physician/Other Supplier	26,169	840	2,744	792
Outpatient	16,496	530	1,936	559
Home Health Agency	37	1	( <sup>2</sup> )	--

<sup>1</sup> Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made, and for which bills were received and processed in HCFA Central Office.

<sup>2</sup> Less than 500.

SOURCE: HCFA/BDMS

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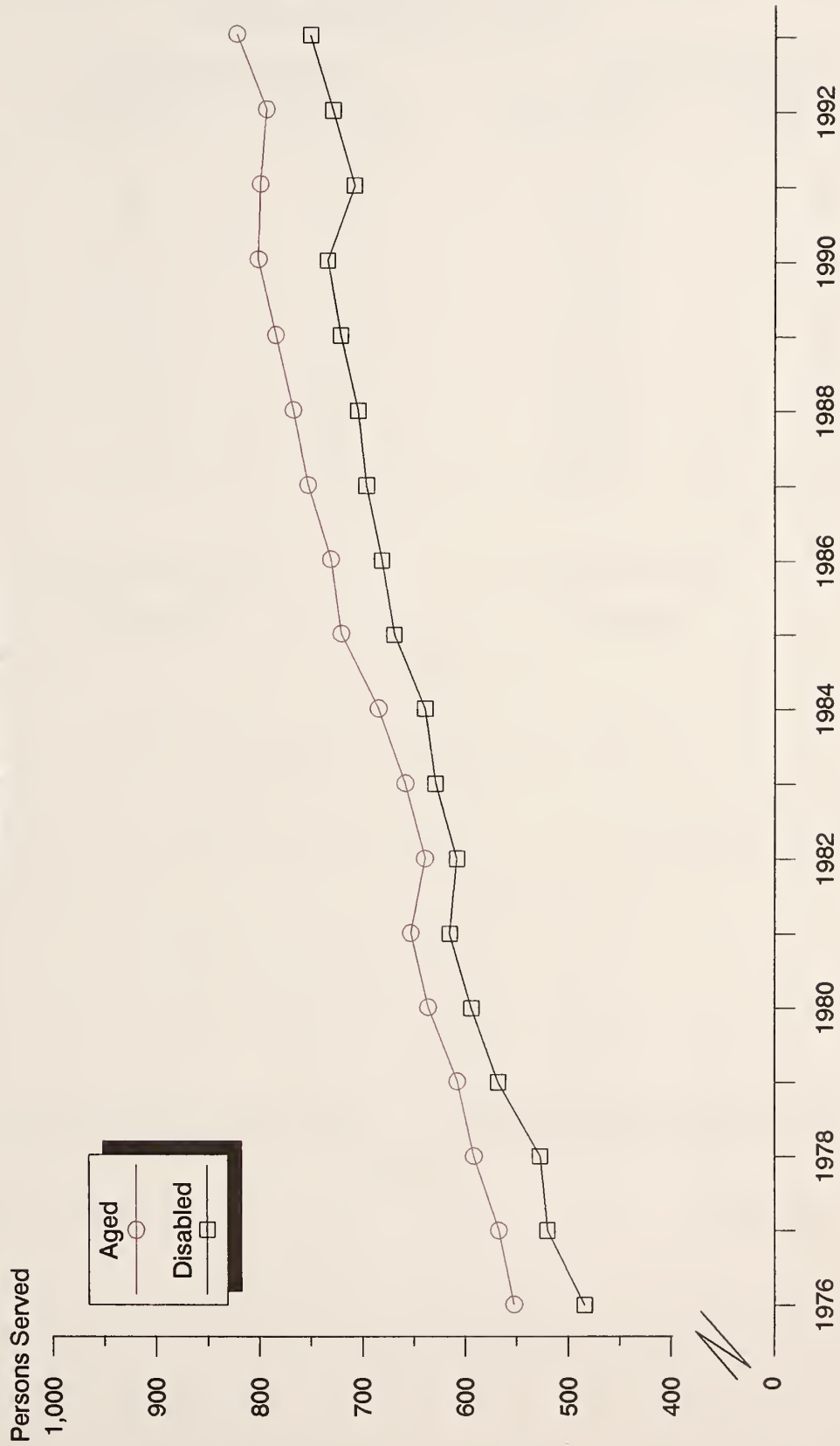




# Medicare Persons Served per 1,000 Enrollees

## HI and/or SMI

### Calendar Years



SOURCE: HCFA/BDMS

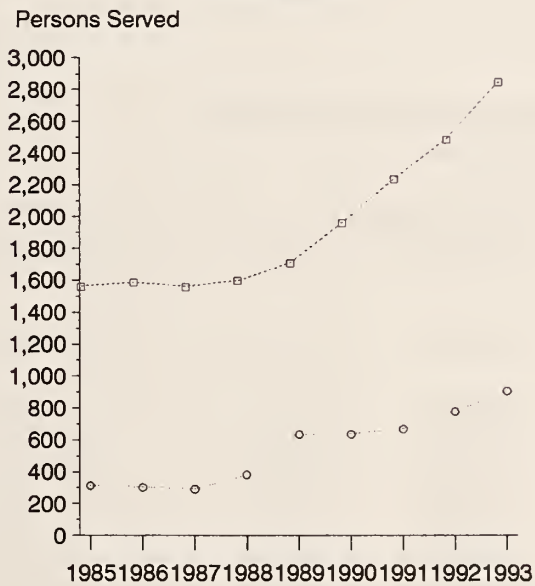
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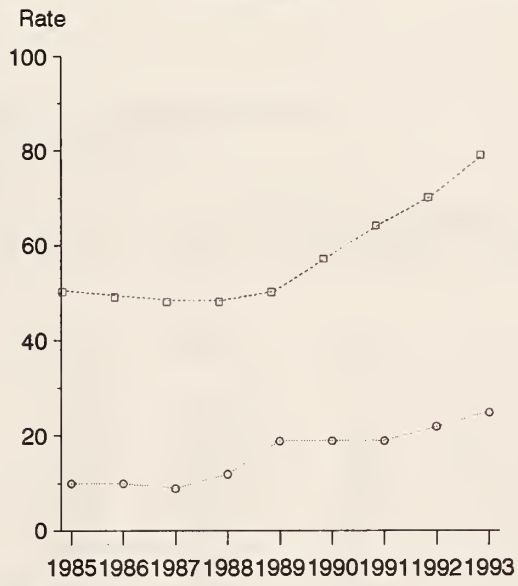
# **Medicare Use of Selected Types of Long Term Care Calendar Years 1982 – 1993**

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80

**Persons Served in  
Thousands**



**Rate per 1,000  
Enrollees**



SNF HHA  
—○—□—

SOURCE: HCFA/BDMS

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**End Stage Renal Disease Care Provided by  
Medicare Approved Facilities  
Selected Calendar Years**

	1985	1990	1992	1993
Dialysis Patients	84,797	129,800	157,354	171,479
In – unit	68,394	107,160	129,202	140,680
Home	16,403	22,640	28,152	30,799
Transplant Patients	7,676	9,777	10,101	10,910
Transplant Procedures	7,695	9,796	10,115	10,934
Living Related Donor	1,876	2,001	2,391	2,631
Living Unrelated Donor		90	145	197
Cadaveric Donor	5,819	7,705	7,579	8,106
Average Dialysis Payment Rate	\$129	\$127	\$127	\$127
Hospital Based	131	129	129	129
Independents	127	125	125	125

SOURCES: HCFA/BPD/BDMS

**Medicare ESRD Patients by Treatment Setting  
Calendar Year 1993**

HCFA Region	Number of Patients			Percent Distribution		
	Total	In – Center	At Home	Total	In – Center	At Home
All Regions	171,479	140,680	30,799	100.0	82.0	18.0
Boston	7,059	5,483	1,576	100.0	77.7	22.3
New York	21,988	17,843	4,145	100.0	81.1	18.9
Philadelphia	19,839	16,603	3,236	100.0	83.7	16.3
Atlanta	36,171	30,289	5,882	100.0	83.7	16.3
Chicago	27,924	22,076	5,848	100.0	79.1	20.9
Dallas	20,868	17,841	3,027	100.0	85.5	14.5
Kansas City	6,596	4,822	1,744	100.0	73.1	26.9
Denver	3,040	2,400	640	100.0	78.9	21.1
San Francisco	24,026	20,467	3,559	100.0	85.2	14.8
Seattle	3,968	2,856	1,112	100.0	72.0	28.0

SOURCE: HCFA/BDMS

March 1995



**Medicaid Recipients by Type of Service  
Fiscal Years 1991 – 1993**

	1991	1992	1993
Number in thousands			
Total	28,280	30,926	33,432
Inpatient Services			
General Hospitals	5,072	5,768	5,894
Mental Hospitals	65	77	75
Skilled Nursing Facilities <sup>1</sup>	1,500	1,573	1,610
ICF Services			
Mentally Retarded	146	151	149
Physician Services	19,231	21,627	23,746
Dental Services	5,209	5,700	6,174
Other Practitioner Services	4,282	4,711	5,229
Outpatient Hospital Services	14,137	15,120	16,436
Clinic Services	3,511	4,115	4,839
Laboratory & Radiological	10,505	11,804	12,970
Home Health Services	813	925	1,067
Prescribed Drugs	19,602	22,030	23,901
Family Planning Services	2,185	2,550	2,538
Early and Periodic Screening	3,957	4,982	5,945
Rural Health Clinics	405	743	975
Other Care	5,957	6,702	8,114

<sup>1</sup> Skilled nursing facility recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCE: HCFA/BDMS

**Medicaid Units of Service <sup>1</sup>  
Fiscal Year 1993**

	Units in thousands
General Hospital	
Total Discharges	5,530
Recipients Discharged	4,050
Total Days of Care	31,216
Nursing Facility Services <sup>2</sup>	
Total Recipients	1,610
Total Days of Care	416,200
Intermediate Care Facility for the Mentally Retarded	
Total Recipients	149
Total Days of Care	51,716
Home Health Visits <sup>3</sup>	
Physicians Visits <sup>3</sup>	
Rural Health Clinic Visits <sup>3</sup>	
Drug Prescriptions <sup>3</sup>	

<sup>1</sup> The data for units of services are not based on all jurisdictions.

<sup>2</sup> Nursing facilities include skilled nursing facility and intermediate care facility services for all provider for other than the mentally retarded.

<sup>3</sup> Data not available for visits and drug prescriptions.

SOURCE: HCFA/BDMS

March 1995

**Medicaid EPSDT  
Fiscal Years 1990 – 1993**

	1990	1991	1992	1993
Number of Initial and Periodic EPSDT Screenings – in thousands <sup>1</sup>	4,216	6,990	8,999	11,812
Total Payments for EPSDT Screening in millions <sup>2</sup>	\$194	\$285	\$431	\$608
Average Screening Cost	\$46	\$41	\$48	\$51

<sup>1</sup> Early and Periodic Screening, Diagnosis and Treatment (EPSDT) data for 1994 will not be available until April 1, 1995. The Omnibus Budget Reconciliation Act of 1989 changed the reporting dates for EPSDT data.

<sup>2</sup> Excludes treatment costs for referable conditions.

SOURCE: HCFA/MB

**Medicaid EPSDT <sup>1</sup>  
Fiscal Year**

	1990	1991	1992	1993
Number of Eligible Children	11,485,591	17,168,692	19,084,031	21,162,002
Number Enrolled in Continuing Care Arrangements	1,159,564	1,769,400	1,973,185	2,795,234
Percent of Eligible Children Enrolled in Continuing Care Arrangements	10.1	10.3	10.3	13.2
Number of Initial and Periodic EPSDT Screenings	4,215,944	6,989,869	8,998,897	11,812,083
Number of Eligibles Referred for Corrective Treatment	1,084,297	996,193	1,446,315	1,589,476

<sup>1</sup> EPSDT data for 1994 will not be available until April 1, 1995.

NOTES: Data for this table are taken from HCFA-416 and predecessors. Excludes Puerto Rico, American Samoa and the Northern Mariana Islands.

SOURCE: HCFA/MB

March 1995

# National Community Hospital Utilization 1973 – 1994

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993 <sup>1</sup>	30.9	215	7.0	370	890
1994 <sup>2</sup>	31.2	209	6.7	393	945

<sup>1</sup> Estimate is based on the 12 month period ending September, 1993.

<sup>2</sup> Estimate is based on the 12 month period ending September, 1994.

SOURCE: American Hospital Association

March 1995

## VII. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).

Current and trend data are shown by type of provider/supplier and program participation.

### HIGHLIGHTS

- o *From 1975 to 1994, the number of inpatient hospital facilities decreased almost 5.5 percent from 6,773 to 6,400. Beds per 1,000 enrollees dropped from 51.7 in 1975 to 29.6 in 1994. During this same period, the number of psychiatric hospitals increased from 385 to 709, but their beds per 1,000 enrollees dropped from 9.0 to 2.4.*
- o *Skilled nursing facilities more than doubled from 5,295 in 1975 to 12,265 in 1994. Home health agencies more than tripled from 2,242 in 1975 to 7,605 in 1994.*
- o *The number of ambulatory surgical centers increased over fivefold from 336 in 1985 to 1,828 in 1994. During this same period the number of hospices increased from 164 to 1,636.*
- o *As of March 1995, 160,173 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o *End-Stage Renal Disease facilities more than doubled from 999 in 1980 to 2,600 in 1994.*
- o *The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 89.2 in 1993 to 92.1 percent in 1994.*
- o *In fiscal year 1984, enrollment in the Medicare participating physician/ supplier program was 29.4 percent. By calendar year 1994, the enrollment was 59.8 percent.*
- o *As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. There are currently 242 HMO/CMP plans with 3.1 million enrollees.*
- o *The percentage of Medicare physicians registered as general practitioners declined from 7.4 percent as of January 1994 to 7.1 percent as of January 1995.*





## Medicare Hospital Status 1995

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Total Hospitals	6,418
Hospitals under PPS	5,265
Hospitals Receiving Special Consideration:	886
Regional Referral Centers <sup>1</sup>	167
Sole Community Hospitals	719
Medicare Dependent Small Rural Hospitals <sup>2</sup>	0
Non-PPS Hospitals	1,153
Categorically Exempt:	1,086
Psychiatric	707
All Non Short-Stay	379
Short-Stay Hospitals in Waiver State (Maryland) <sup>3</sup>	54
Short-Stay Hospitals in Outlying Areas	4
Cancer Hospitals	9
Total Excluded Units	2,233
Psychiatric	1,402
Rehabilitation	831

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<sup>1</sup> Certain centers no longer met the necessary criteria established for RRCs.

<sup>2</sup> Provision ended 10/94.

<sup>3</sup> Short-stay hospitals in demonstration project lost waiver 12/94.

NOTE: Data as of March.

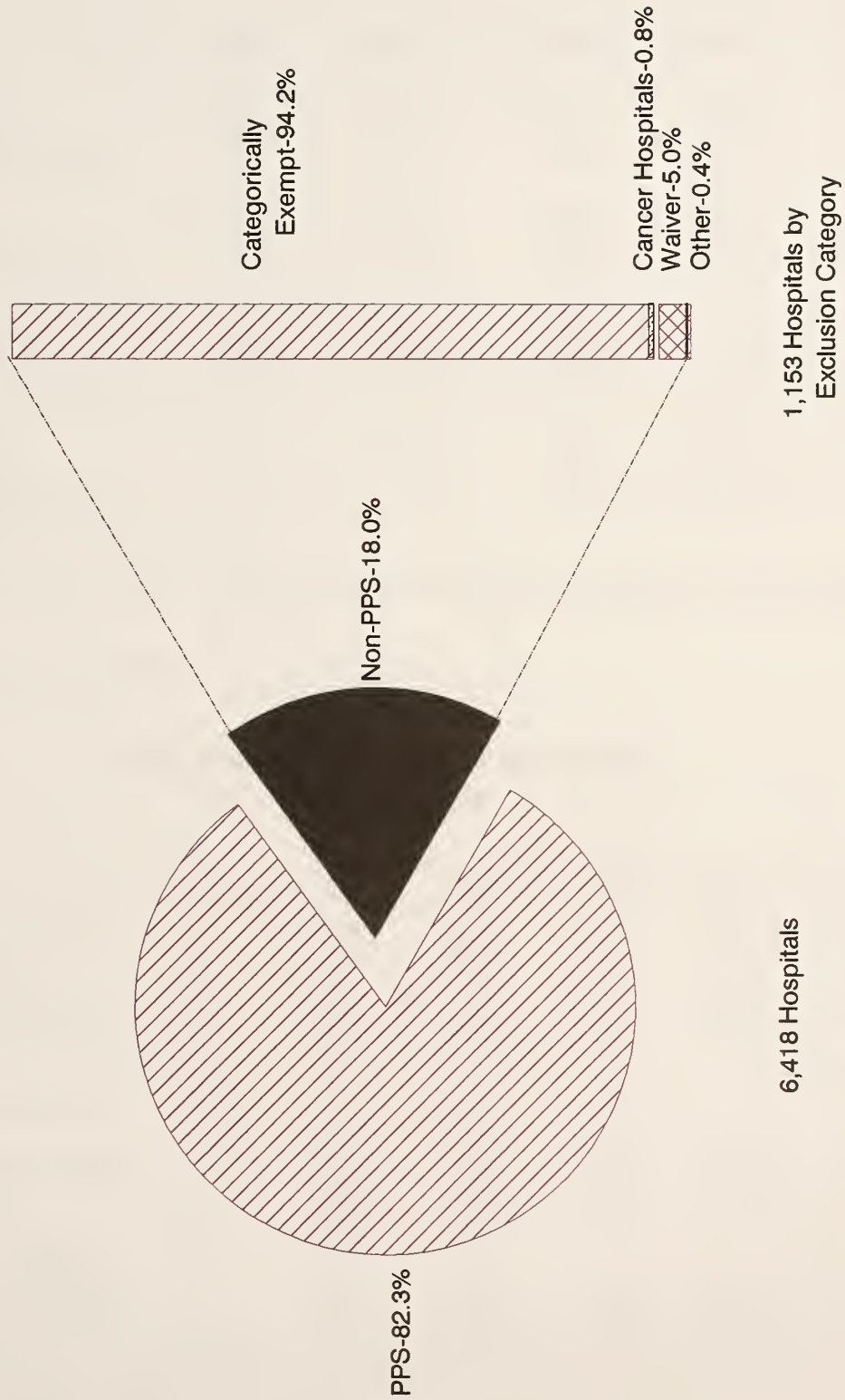
SOURCES: HCFA/BPD/HSQB/BDMS

March 1995





# Medicare Participating Hospitals by PPS Status and Exclusion Category



SOURCES: HCFA/BPD/HSQB/BDMS

March 1995



### Medicare Inpatient Hospitals Selected Years

	1975	1980	1985	1990	1994
Total Hospitals	6,773	6,777	6,707	6,520	6,400
Beds in thousands	1,140	1,150	1,144	1,105	1,075
Beds per 1,000 Enrollees <sup>1</sup>	51.7	46.7	42.5	37.0	29.6
Short-Stay	6,107	6,104	6,034	5,549	5,294
Beds in thousands	902	991	1,027	970	944
Beds per 1,000 Enrollees <sup>1</sup>	40.9	40.2	38.2	32.5	26.0
Psychiatric	385	408	474	674	709
Beds in thousands	199	131	95	99	89
Beds per 1,000 Enrollees <sup>1</sup>	9.0	5.3	3.5	3.3	2.4
Other Long-Stay	281	265	199	297	397
Beds in thousands	40	28	22	35	42
Beds per 1,000 Enrollees <sup>1</sup>	1.8	1.1	0.8	1.2	1.2

<sup>1</sup> Based on number of aged HI enrollees.

NOTES: Facility data as of July 1. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: HCFA/ORD/BDMS

### Other Medicare Providers and Suppliers Selected Years

	1975	1980	1985	1990	1994
Skilled Nursing Facilities	5,295	5,052	6,451	8,937	12,265
Beds in thousands	287	436	NA	509	639
Home Health Agencies	2,242	2,924	5,679	5,730	7,605
Independent Laboratories	3,048	3,447	3,980	4,879	4,927
Clinical Lab Improvement Act Facilities	NA	NA	NA	NA	160,173
End Stage Renal Disease Facilities	NA	999	1,393	1,937	2,600
Outpatient Physical Therapy	117	419	854	1,195	1,907
Portable X-Ray	132	216	308	443	513
Rural Health Clinics	NA	391	428	551	1,532
Comprehensive Outpatient Rehabilitation Facilities	NA	NA	72	186	241
Ambulatory Surgical Centers	NA	NA	336	1,197	1,828
Hospices	NA	NA	164	825	1,636

NOTES: Facility data as of July 1. NA indicates data are not available.

SOURCES: HCFA/ORD/BDMS

March 1995

### Selected Medicare Facilities by Type of Control 1994

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,294	12,265	7,605
Percent Distribution			
Nonprofit	57.7	27.4	35.1
Proprietary	13.6	66.9	47.2
Government	28.7	5.7	17.6

NOTES: Data as of June 1994. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: HCFA/ORD/BDMS

### Medicare PIP Facilities Selected Years

	1975	1980	1985	1990	1992	1993	1994
<b>Hospitals</b>							
Number of PIP	1,524	2,276	3,242	1,352	1,293	1,265	1,253
Percent of Total Participating	22.5	33.8	48.3	20.6	20.0	19.7	19.6
<b>Skilled Nursing Facilities</b>							
Number of PIP	161	203	224	774	975	1,131	1,265
Percent of Total Participating	4.1	3.9	3.4	7.3	9.1	9.9	10.2
<b>Home Health Agencies</b>							
Number of PIP	86	481	931	1,211	1,369	1,334	1,465
Percent of Total Participating	3.8	16.0	16.0	21.0	21.8	19.1	18.5

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCES: HCFA/BPO/BDMS

March 1995

## Medicare Participating Physician Program

Participation Status – January 1, 1994		Comparison to Prior Enrollments		
		January 1993 Percent	January 1992 Percent	January 1991 Percent
64.8% Physicians <sup>1</sup>	578,143 Participating 892,369 Billing Medicare	59.8	52.2	47.6

<sup>1</sup> Includes M.D.s, D.O.s, and limited license practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: HCFA/BPO

## Medicare Assigned Claims Selected Fiscal Years

Fiscal Year	Net Assignment Rate <sup>1</sup>
1975	51.9
1980	51.4
1985	67.7
1986	68.0
1987	71.7
1988	76.3
1989	79.3
1990	80.9
1991	82.5
1992	85.4
1993	89.2
1994	92.1

<sup>1</sup> The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/BPO

March 1995



# Medicare Participating Physicians and Suppliers by Specialty

	1994 Jan 1 – Dec 31	1993 Jan 1 – Dec 31	1992 Jan 1 – Dec 31	1991 Jan 1 – Dec 31	1990 Apr 1 – Dec 31	1989 Jan 1 – Mar 31/90	1987 Jan 1 – Mar 31/88	1985 Oct 1 – Apr 30/86	1984 Oct 01/84 Sep 30/85
	Percent of Participation								
Total Physicians, LLP and Suppliers	59.8	55.5	48.3	44.0	40.9	37.8	29.1	27.7	29.4
Total Physicians <sup>1</sup>	66.7	63.5	55.3	49.6	45.5	40.2	30.1	27.9	29.8
Anesthesiology	71.5	64.6	49.3	36.5	30.8	28.3	20.3	21.7	21.1
Cardiology	82.5	78.7	72.0	65.4	60.6	55.5	43.2	38.8	35.6
Clinic or Other Group Practice – Not GPPP	80.5	75.5	77.0	73.9	68.7	67.8	50.6	35.4	33.8
Dermatology	75.8	69.8	61.6	57.0	53.4	48.7	38.1	37.8	34.0
Family Practice	71.3	66.1	57.7	50.8	47.2	39.7	27.1	27.1	25.5
General Practice	59.1	55.1	48.0	44.0	39.7	35.8	25.6	23.6	27.3
General Surgery	77.6	73.8	66.3	60.5	55.8	52.2	37.2	34.5	33.9
Internal Medicine	71.0	66.2	57.8	52.6	48.8	45.2	33.6	31.1	32.5
Nephrology	84.3	82.4	76.3	71.7	66.5	60.0	49.7	46.2	50.8
Neurology	76.4	71.8	63.8	56.1	53.1	49.2	37.2	33.2	34.8
Obstetrics – Gynecology	69.9	65.7	58.0	52.6	48.8	44.2	31.5	30.5	29.1
Ophthalmology	78.3	73.2	66.1	60.0	55.6	50.5	35.1	28.7	27.3
Orthopedic Surgery	79.2	74.9	65.5	58.4	53.7	49.2	32.6	38.3	29.0
Otology, Laryngology, Rhinology	72.2	66.2	57.0	49.6	45.2	41.2	27.0	25.1	24.6
Pathology	76.8	73.3	65.8	59.2	53.4	50.6	41.2	37.7	39.6
Psychiatry	57.8	53.5	48.8	44.1	41.6	37.8	28.6	27.8	30.0
Radiology	78.6	74.7	68.2	62.0	55.6	49.6	39.8	39.5	41.3
Urology	78.6	71.8	61.7	53.6	49.6	45.6	30.9	29.0	27.8
Other Physicians <sup>2</sup>	58.2	50.5	35.9	32.2	29.2	26.0	19.5	28.3	32.4
Total Limited License (LLP)	51.7	47.4	41.0	40.0	40.0	44.5	30.4	32.2	34.0
Certified Registered Midwife <sup>3</sup>	58.7	51.0	40.7	23.8	15.2	NA	NA	NA	NA
Certified Reg. Nurse Anesthetist <sup>3</sup>	55.1	43.8	31.3	26.3	12.5	NA	NA	NA	NA
Chiropractor	39.8	35.6	31.4	28.6	26.2	24.8	19.7	23.8	25.4
Optometrist	65.6	62.7	59.0	56.9	54.0	48.9	44.1	48.2	44.0
Podiatry – Surgical Chiroprody	75.3	70.9	64.2	59.6	54.0	52.6	33.4	31.8	38.2
Other Limited License Practitioners <sup>4</sup>	50.8	43.9	35.8	36.4	38.4	35.3	30.9	33.8	36.8
Total Physicians and LLP	64.8	59.8	52.2	47.6	44.1	40.7	30.6	28.4	29.8
Total Suppliers	28.9	29.5	23.7	22.6	21.8	21.0	18.3	23.0	23.8
Ambulance Service Suppliers	40.2	36.4	34.4	32.3	32.1	30.1	27.9	38.6	28.6
Independent Laboratory	60.7	55.4	52.4	49.7	45.4	43.8	37.2	36.3	28.4
Other Suppliers <sup>5</sup>	35.0	25.7	18.2	17.7	17.5	17.5	15.5	22.9	22.5

<sup>1</sup> Physicians include doctors of medicine (MDs) and doctors of osteopathy (DOs). <sup>2</sup> For FYs 1985 and 1986, other physicians means only other medical specialties. For later enrollment periods, other physicians include other medical and surgical specialties. <sup>3</sup> Data for CRMs and CRNAs not available prior to the April 1, 1990 election period. <sup>4</sup> Other limited license practitioners include audiologists, psychologists, physical therapists, occupational therapists, clinical psychologists, and clinical social workers, nurse practitioners, certified nurse specialists, and physician assistants. <sup>5</sup> Other suppliers are certified orthotists, certified prosthetists, certified prosthetists/orthotists, portable x-ray suppliers, public health or welfare agencies (Federal, State, and Local) voluntary health or charitable agencies (e.g. National Cancer Society, National Heart Association, and Catholic Charities), and all others (e.g., drug and department stores).

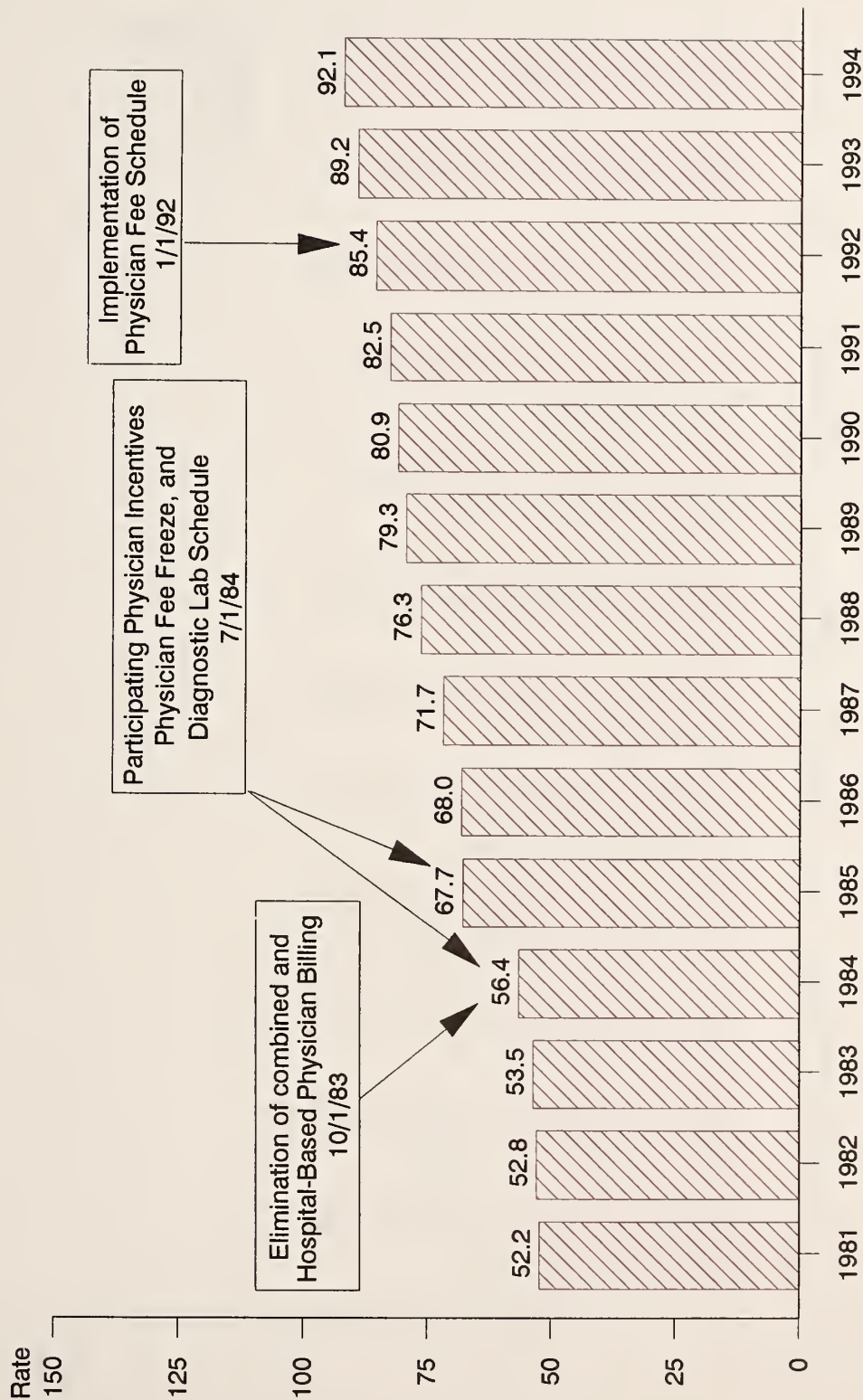
NOTES: FY 1984 data represents percentage of agreements; thus, physicians may have been counted more than once if they practiced in more than one setting. Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCES: HCFA/BPO/ORD

March 1995

# Medicare Physician/Supplier Net Assignment Rates

## Fiscal Years 1981-1994



SOURCE: HCFA/BPO

March 1995



# Medicare Assignment Rate by HCFA Region Fiscal Year 1983 versus 1994



SOURCE: HCFA/BPO

March 1995





## Medicare Benefit and Premium Summary TEFRA Risk HMOs and CMPs

	Number of Plans	Percent
Plans whose basic option package offers additional benefits in specified categories		
Routine Physicals	137	97
Immunization	122	86
Health Education	35	25
Outpatient Drugs	67	47
Foot Care	49	35
Eye Exams	126	89
Lenses	8	6
Ear Exams	105	74
Hearing Aids	6	4
Dental	48	34
Outpatient Mental Health	NA	NA

Plans Charging Copayments for Basic Package: 134 Yes (94%), 8 No (6%)

Plans Offering High Option Package: 64 Yes (45.1%)

### Distribution of Basic Premiums

#### Range

\$0	70	49
\$0.01 – \$19.99	12	8
\$20.00 – \$39.99	27	19
\$40.00 – \$59.99	15	11
\$60.00 – \$79.99	12	8
Above \$80.00	6	4

Average Basic Premium = \$21.71 Highest Basic Premium = \$111.00

NOTE: Data as of January 1995.

SOURCE: HCFA/OMC

March 1995



## Medicare Enrollment and Payment Summary for HMOs and CMPs

Type of Contract	Number of Contracts	Number of Enrollees	Payment FY 1995 to Date in millions
Total	242	3,114,566	\$4,074.7
TEFRA Risk <sup>1</sup>	154	2,339,592	\$3,605.5
Demos	3	16,938	\$42.1
TEFRA Cost <sup>2</sup>	29	175,762	\$123.4
HCPP Part B <sup>3</sup>	56	582,274	\$303.7

<sup>1</sup> Includes 9 contracts which have been signed, but for which no payment has been made for January 1995.

<sup>2</sup> Includes four plans with TEFRA risk contracts which have enrollees still being paid under the cost methods.

<sup>3</sup> Includes enrollment from 16 HCPPs which have signed risk contracts.

NOTES: Data through January 1995. Data for fiscal year payment includes current month.

SOURCE: HCFA/OMC

## Medicare Prepaid Plan and Enrollment Summary 1985 versus 1995

	Pre-TEFRA <sup>1</sup>		Post-TEFRA <sup>2</sup>	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
Total Prepaid	154	1,076,115	242	3,114,566
HCPPs and GPPPs	46	612,131	56	582,274
Total HMOs	108	463,984	186	2,532,292
TEFRA Risk	NA	NA	154	2,339,592
Old Risk	4	37,353	0	0
Cost Basis	65	116,608	29	175,762
DEMO	39	310,023	3	16,938

<sup>1</sup> Data as of March 1985.

<sup>2</sup> Data as of January 1995.

SOURCE: HCFA/OMC

March 1995

## Medicare Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
1990			
January	96	1,091,635	341.6
February	97	1,108,589	345.4
March	97	1,124,067	353.5
April	97	1,141,923	356.6
May	97	1,157,390	361.3
June	96	1,171,440	365.6
July	96	1,187,082	371.3
August	97	1,205,490	376.5
September	96	1,216,617	381.5
October	96	1,238,479	388.0
November	96	1,260,413	386.7
December	96	1,263,547	394.1
1991			
January	85	1,240,474	384.1
February	86	1,254,746	398.0
March	86	1,270,479	405.1
April	86	1,279,666	403.7
May	87	1,292,899	409.8
June	87	1,303,578	414.8
July	88	1,318,493	437.1
August	88	1,333,638	422.7
September	90	1,345,750	430.6
October	93	1,358,019	431.0
November	93	1,375,176	437.5
December	93	1,389,401	533.0
1992			
January	83	1,379,667	462.8
February	87	1,391,094	469.5
March	90	1,409,023	477.6
April	91	1,422,601	477.1
May	91	1,436,809	515.8
June	92	1,451,410	492.5
July	92	1,471,191	500.5
August	92	1,487,820	505.9
September	92	1,505,608	512.3
October	96	1,524,761	519.7
November	95	1,544,741	525.5
December	96	1,565,659	530.7
1993			
January	91	1,554,879	587.2
February	92	1,576,448	598.4
March	92	1,603,178	613.1
April	92	1,624,135	614.5
May	96	1,644,411	627.6
June	97	1,662,903	633.3
July	97	1,690,188	647.4
August	103	1,710,482	653.0
September	106	1,735,181	662.9
October	108	1,762,633	677.0
November	109	1,778,439	679.3
December	110	1,814,648	698.0

SOURCE: HCFA/OPHCOO

March 1994

## Medicare Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
TEFRA Risk Contracts				
Model				
IPA	105	68	1,237,941	53
Group	33	21	468,248	20
Staff	16	11	633,403	27
Ownership				
Profit	100	65	1,575,810	67
Nonprofit	54	35	763,782	33
TEFRA Cost Contracts <sup>1</sup>				
Model				
IPA	18	62	133,937	78
Group	3	10	12,012	7
Staff	8	28	26,279	15
Ownership				
Profit	9	31	34,717	20
Nonprofit	20	69	137,511	80

<sup>1</sup> Does not include cost enrollees remaining in risk plans.

NOTES: Data as of January 1995. IPA is the Individual Practice Association.

SOURCE: HCFA/OMC

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## Active Physicians

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	323,525	310,929	12,596	15.7
1971	334,978	322,228	12,750	16.1
1972	346,179	333,259	12,920	16.5
1973	NA	NA	13,191	
1974	364,232	350,609	13,623	17.0
1975	380,402	366,425	13,977	17.6
1976	393,151	378,572	14,579	18.0
1977	397,113	381,969	15,144	18.0
1978	417,314	401,364	15,590	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown. Projections are not available for the outyears.

SOURCES: HSRA/Bureau of Health Professions and Bureau of the Census

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**Ratio of Non–Federal Physicians  
Involved in Patient Care  
per 100,000 Civilian Population  
1993**

HCFA Region	Ratio	Index
Total	204	1.00
Boston	274	1.35
New York	281	1.38
Philadelphia	233	1.14
Atlanta	176	0.87
Chicago	190	0.93
Dallas	163	0.80
Kansas City	173	0.85
Denver	178	0.88
San Francisco	208	1.02
Seattle	185	0.91

NOTES: Physician data exclude those physicians whose addresses are unknown. Civilian population data for Puerto Rico, Virgin Islands, and Pacific Islands are not included.

SOURCES: American Medical Association and Bureau of the Census

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# Ratio of Non-Federal Physicians Involved in Patients Care per 100,000 Civilian Population 1993



SOURCES: American Medical Association and Bureau of the Census

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# **Medicare Physician Specialty Summary Selected Years**

Non - Federal Physicians	April 1991		January 1994		January 1995	
	Number	Percent	Number	Percent	Number	Percent
Active in Patient Care	583,229 <sup>1</sup>	100.0	673,594 <sup>1</sup>	100.0	693,106 <sup>1</sup>	100.0
Medical Specialties	132,204	22.7	148,668	22.1	154,752	22.3
Surgical Specialties	153,229	26.3	162,700	24.2	166,270	24.0
Other Specialties	196,991	33.8	257,525	38.2	266,101	38.4
General Practice	100,798	17.3	104,701	15.5	105,983	15.3

<sup>1</sup> Includes physicians, doctors of osteopathy (DOs) and limited licensed practitioners (LLPs).

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

## **Physician Income and Expenses by Specialty 1992**

	Mean Net Income <sup>1</sup>	Mean Total Expenses	Expenses						
			Total	Non – Physician Payroll	Office	Medical Supplies	Professional		
							Liability Expenses	Medical Equipment	Other
Percent Distribution									
All Physicians	\$177.4	\$179.0	100.0	36.9	23.7	9.0	7.5	4.1	18.7
Specialty									
General/Family Practice	111.8	156.3	100.0	41.1	22.1	12.9	5.2	3.3	15.4
Internal Medicine	159.3	172.9	100.0	36.4	23.8	9.4	4.9	3.9	21.6
Surgery	244.6	238.6	100.0	37.0	25.3	8.0	8.6	4.6	16.5
Pediatrics	121.7	168.8	100.0	35.6	25.6	14.5	4.6	2.8	16.9
Obstetrics/Gynecology	215.1	234.8	100.0	35.1	23.6	8.6	14.3	3.5	14.9
After expenses, before taxes.									

NOTE: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1994

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# Physician Income and Expenses 1983 – 1992

Year	Mean Net Income <sup>1</sup>	Mean Total Expenses	Expenses							
			Total	Non – Physician Payroll	Office	Professional Liability				
						Medical Supplier	Expenses	Medical Equipment	Other	
Percent Distribution										
1983	\$104.1	\$85.4	100.0	34.0	24.8	10.9	8.1	6.0	16.3	
1984	108.4	94.0	100.0	33.2	26.0	11.4	8.9	5.9	14.7	
1985	112.2	102.7	100.0	34.7	25.7	10.9	10.2	5.7	12.8	
1986	119.5	118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3	
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1	
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0	
1989	155.8	148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0	
1990	164.3	150.0	100.0	36.3	22.5	11.0	9.7	5.1	15.5	
1991	170.6	168.4	100.0	36.4	23.3	10.9	8.8	5.3	15.3	
1992	177.4	179.0	100.0	36.9	23.7	9.0	7.5	4.1	18.7	

<sup>1</sup> After expenses, before taxes.

NOTE: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1994.

March 1995



## Medicare Physician Registry by Specialty

SPECIALTY <sup>1</sup>	April 1991		January 1994		January 1995	
	Number	Percent	Number	Percent	Number	Percent
General Practice	53,658	9.2	50,130	7.4	48,926	7.1
General Surgery	28,524	4.9	28,672	4.3	29,529	4.3
Allergy/Immunology	2,461	0.4	2,822	0.4	2,983	0.4
Otolaryngology (ENT)	7,419	1.3	8,163	1.2	8,426	1.2
Anesthesiology	23,783	4.1	28,345	4.2	29,748	4.3
Cardiology	13,497	2.3	15,647	2.3	16,231	2.3
Dermatology	6,727	1.2	7,542	1.1	7,821	1.1
Family Practice	47,140	8.1	54,571	8.1	57,057	8.2
Gastroenterology	4,886	0.8	6,243	0.9	6,704	1.0
Internal Medicine	78,711	13.5	82,443	12.2	84,935	12.3
Manipulative Osteopath	1,082	0.2	1,019	0.2	1,009	0.1
Neurology	7,542	1.3	8,970	1.3	9,399	1.4
Neurosurgery	3,500	0.6	3,829	0.6	3,937	0.6
Obstetrics – Gynecology	29,230	5.0	32,182	4.8	33,229	4.8
Ophthalmology	15,219	2.6	16,588	2.5	17,040	2.5
Oral Surgery/Dentists only	34,237	5.9	41,601	6.2	41,558	6.0
Orthopedic Surgery	16,852	2.9	18,858	2.8	19,441	2.8
Pathology	10,072	1.7	12,407	1.8	12,804	1.8
Plastic/reconstructive Surgery	3,960	0.7	4,448	0.7	4,612	0.7
Physical Med and Rehab	3,278	0.6	4,272	0.6	4,554	0.7
Psychiatry	30,505	5.2	35,489	5.3	36,704	5.3
Colorectal Surgery (proctology)	625	0.1	675	0.1	687	0.1
Pulmonary Disease	3,956	0.7	5,088	0.8	5,370	0.8
Radiology	23,269	4.0	25,799	3.8	26,046	3.8
Thoracic Surgery	3,876	0.7	3,414	0.5	3,365	0.5
Urology	8,491	1.5	9,045	1.3	9,260	1.3
Chiropractor	39,992	6.9	48,190	7.2	50,066	7.2
Nuclear Medicine	463	0.1	768	0.1	818	0.1
Pediatrics	21,965	3.8	28,884	4.3	30,708	4.4
Geriatrics	205	0.0	555	0.1	637	0.1
Nephrology	2,345	0.4	3,034	0.5	3,232	0.5
Hand Surgery	212	0.0	382	0.1	415	0.1
Optometry	22,829	3.9	28,520	4.2	29,457	4.2
Infectious Disease	353	0.1	1,423	0.2	1,700	0.2
Endocrinology <sup>2</sup>	--	--	1,287	0.2	1,532	0.2
Podiatry	14,367	2.5	15,789	2.3	16,003	2.3
Ambulatory Surgical Center (formerly Misc)	897	0.2	786	0.1	479	0.1
Rheumatology <sup>2</sup>	--	--	1,302	0.2	1,533	0.2



**Medicare Physician Registry by Specialty**  
continued

SPECIALTY	April 1991		January 1994		January 1995	
	Number	Percent	Number	Percent	Number	Percent
Clinic multispec W/O GPP	16,050	2.8	14,884	2.2	11,002	1.6
Periph. Vascular Disease <sup>2</sup>	220	0.0	300	0.0	276	0.0
Vascular Surgery <sup>2</sup>	--	--	644	0.1	765	0.1
Cardiac Surgery <sup>2</sup>	--	--	583	0.1	704	0.1
Addiction Medicine <sup>2</sup>	--	--	104	0.0	116	0.0
Critical Care Intensivists <sup>2</sup>	--	--	400	0.1	492	0.1
Hematology <sup>2</sup>	--	--	245	0.0	212	0.0
Hematology/Oncology <sup>2</sup>	--	--	2,179	0.3	2,623	0.4
Preventive Medicine <sup>2</sup>	--	--	173	0.0	210	0.0
Maxillofacial Surgery <sup>2</sup>	--	--	683	0.1	859	0.1
Neuropsychiatry <sup>2</sup>	249	0.0	229	0.0	206	0.0
Medical Oncology <sup>2</sup>	--	--	702	0.1	848	0.1
Surgical Oncology <sup>2</sup>	--	--	172	0.0	215	0.0
Radiation Oncology <sup>2</sup>	38	0.0	1,302	0.2	1,596	0.2
Emergency Medicine <sup>2</sup>	--	--	11,320	1.7	14,263	2.1
Interventional Radiology <sup>2</sup>	--	--	161	0.0	431	0.1
Gynecology Oncology <sup>3</sup>	--	--	--	--	31	0.0
Unknown Physician Specialty	535	0.1	333	0.0	302	0.0
Totals	583,229	100	673,594	100.0	693,106	100.0

<sup>1</sup> Most osteopath specialties have been combined with their appropriate specialty.

<sup>2</sup> Effective 4/92 except Hematology effective 6/92.

<sup>3</sup> Effective 10/94.

NOTE: Dashes represent specialties unrecognized by HCFA prior to January 1, 1992. Physicians include MD/DO and LLP. Percent does not add to 100 percent due to rounding.

SOURCES: HCFA/ORD/BPO

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## VIII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.

### HIGHLIGHTS

- o Medicare enrollees comprise 13.8 percent of the United States' resident population. State enrollees range from a low of 5.1 percent of Alaska's resident population to a high of 18.2 percent of Florida's resident population.*
- o Medicaid recipients comprise 12.7 percent of the United States' resident population. State recipients range from a low of 6.4 percent of Nevada's resident population to a high of 20.8 of the District of Columbia's resident population.*
- o Hospital beds per 1,000 resident population range from a low of 2.2 in Alaska to a high of 7.5 in the District of Columbia. This contrasts with the national average of 3.6.*
- o The percentage of Medicare Part B participating physicians and LLPs range from a high of 87.9 percent in Nevada to a low of 41.2 percent in South Dakota.*
- o The Medicare Part B assignment rate improved from 89.2 percent in fiscal year 1993 to 92.1 percent in fiscal year 1994. The assignment rate for the Regions range from a low of 83.0 percent in Seattle to a high of 96.9 percent in Boston.*
- o Aged persons served per 1,000 enrollees range from a low of 603 in Hawaii to a high of 917 in Maine. This contrasts with the national average of 834 persons served per 1,000 enrollees.*



# Medicare Estimated Benefit Payments by State Fiscal Year 1994

	Benefit Payments in thousands	Benefit Payments in thousands
All Areas	\$159,345,485	3,351,775
United States	158,517,281	395,644
Alabama	2,716,778	758,227
Alaska	111,264	810,452
Arizona	2,483,214	530,344
Arkansas	1,455,103	5,187,712
California	18,937,719	595,603
Colorado	1,634,905	12,565,325
Connecticut	2,313,758	3,679,280
Delaware	451,805	372,717
District of Columbia	1,135,441	6,513,036
Florida	13,732,593	1,793,473
Georgia	3,629,316	1,589,153
Hawaii	531,779	10,065,704
Idaho	401,179	702,878
Illinois	6,617,003	1,697,154
Indiana	3,153,327	357,001
Iowa	1,406,532	3,663,755
Kansas	1,535,921	9,385,739
Kentucky	2,177,443	629,943
Louisiana	2,952,649	249,973
Maine	624,871	2,699,732
Maryland	2,706,538	2,277,315
Massachusetts	4,958,360	1,100,284
Michigan	5,633,599	2,436,144
Minnesota	2,171,618	159,246
Mississippi	1,476,960	801,388
All Other Areas		26,817

<sup>1</sup>Data understated due to reporting problems.

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations (HMO) and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 1994 to the DOT disbursements net of HMO payments.

SOURCES: HCFA/OBA/BDMS

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# **Medicaid Medical Assistance Payments** **Fiscal Year 1994**

	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share <sup>1</sup>	Amount in thousands	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share <sup>1</sup>
TOTAL	\$137,603,769	\$78,844,137		2,519,652	1,533,326
Alabama	1,777,081	1,267,492	Missouri	328,227	235,298
Alaska	286,848	154,133	Montana	612,813	380,717
American Samoa	4,280	2,140	Nebraska	381,002	193,157
Arizona	1,701,904	1,132,751	Nevada	952,564	477,312
Arkansas	1,066,488	794,568	New Hampshire		
California	14,587,261	7,305,261	New Jersey	4,776,970	2,393,548
Colorado	1,111,486	605,700	New Mexico	681,158	509,522
Connecticut	2,303,634	1,155,222	New York	21,472,718	10,770,632
Delaware	278,556	139,770	North Carolina	3,111,426	2,031,157
District of Columbia	785,933	393,400	North Dakota	271,783	194,448
Florida	5,194,946	2,850,277	N. Mariana Islands	2,112	1,056
Georgia	3,219,045	2,017,083	Ohio	5,518,827	3,361,001
Guam	6,864	3,432	Oklahoma	1,052,338	743,595
Hawaii	457,493	229,258	Oregon	1,108,257	690,103
Idaho	309,198	219,725	Pennsylvania	6,918,178	3,789,891
Illinois	5,147,981	2,582,197	Puerto Rico	221,000	110,500
Indiana	2,463,711	1,566,747	Rhode Island	783,862	422,675
Iowa	1,044,281	662,610	South Carolina	1,854,446	1,320,066
Kansas	974,197	580,691	South Dakota	288,157	202,949
Kentucky	1,835,020	1,303,215	Tennessee	2,671,300	1,794,064
Louisiana	4,194,944	3,086,296	Texas	8,143,880	5,241,724
Maine	909,506	564,426	Utah	506,782	377,748
Maryland	2,240,390	1,123,986	Vermont	287,722	172,046
Massachusetts	4,362,583	2,187,029	Virginia	1,849,208	931,207
Michigan	4,974,596	2,809,124	Virgin Islands	6,604	3,302
Minnesota	2,468,640	1,350,840	Washington	2,571,734	1,405,508
Mississippi	1,310,153	1,035,042	West Virginia	1,242,046	940,406
			Wisconsin	2,299,544	1,394,031
			Wyoming	152,441	100,733

<sup>1</sup> Excludes HCFA adjustments.

NOTE: Source Form HCFA-64 -- Line 11, Net Expenditures Reported. FY 1994 data is preliminary.  
Territories are at capped levels.

SOURCE: HCFA/MB

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# Mean Medicaid Outlays per Recipient by State and Risk Class Fiscal Year 1993

	Age 65 and over	Blind and Disabled	Age 65 and over	Blind and Disabled
United States	\$2,644	\$5,036	2,330	4,787
Alabama	1,485	2,806	2,858	5,288
Alaska	2,708	7,230	2,541	6,748
Arizona	284	1,330	1,603	3,322
Arkansas	2,018	3,498	3,916	12,257
California	1,561	3,701	3,938	7,960
Colorado	2,306	7,083	1,431	4,143
Connecticut	0	4,986	7,643	9,543
Delaware	3,443	8,327	3,472	4,906
District of Columbia	2,823	7,922	2,756	7,884
Florida	1,941	4,635	1,804	3,478
Georgia	1,581	4,014	1,919	3,711
Hawaii	1,872	3,814	4,890	6,649
Idaho	3,062	7,104	1,565	4,029
Illinois	2,587	5,693	1,987	5,178
Indiana	2,583	6,620	1,866	3,778
Iowa	2,062	4,315	1,593	5,238
Kansas	2,101	4,097	1,379	2,908
Kentucky	2,016	4,469	2,347	4,483
Louisiana	2,298	5,308	2,185	4,997
Maine	2,601	7,234	2,241	7,376
Maryland	2,584	7,608	2,529	4,532
Massachusetts	2,451	6,538	1,717	4,574
Michigan	2,039	6,000	3,854	5,456
Minnesota	2,408	8,367	2,034	4,366
Mississippi	1,280	2,437	1,242	6,345
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				

NOTE: These data exclude institutionalized persons.

SOURCE: HCFA/BDMs

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## Medicare Enrollment by State 1994

Enrollees		Enrollees	
All Areas <sup>1</sup>	37,700,016	Missouri	840,202
United States <sup>1</sup>	36,888,749	Montana	130,416
		Nebraska	251,605
		Nevada	188,275
		New Hampshire	155,729
		New Jersey	1,178,826
Alabama	644,390	New Mexico	210,396
Alaska	32,881	New York	2,665,306
Arizona	593,873	North Carolina	1,025,701
Arkansas	425,438	North Dakota	104,255
California	3,636,129	Ohio	1,679,347
Colorado	420,279	Oklahoma	490,377
Connecticut	505,602	Oregon	469,635
Delaware	100,373	Pennsylvania	2,091,735
District of Columbia	79,517	Rhode Island	169,206
Florida	2,620,545	South Carolina	507,731
Georgia	832,055	South Dakota	117,651
Hawaii	148,907	Tennessee	771,689
Idaho	149,422	Texas	2,077,202
Illinois	1,635,480	Utah	186,799
Indiana	830,346	Vermont	82,994
Iowa	479,980	Virginia	817,144
Kansas	386,772	Washington	686,219
Kentucky	588,921	West Virginia	332,156
Louisiana	584,702	Wisconsin	767,053
Maine	202,439	Wyoming	60,142
Maryland	603,224	Puerto Rico	479,737
Massachusetts	938,798	Other Outlying Areas	331,530
Michigan	1,356,678		
Minnesota	635,191		
Mississippi	399,016		

<sup>1</sup> Includes enrollees with unknown State of residence.

**NOTE:** Data as of December.

SOURCE: HCFA/BDMS

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# Medicare Enrollment as a Percent of Resident Population by State

1994

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population		Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population
All Areas	NA	36,673 <sup>1</sup>		Missouri	5,278	819	15.5
United States	260,341	35,914 <sup>2</sup>	13.8	Montana	856	127	14.8
Alabama	4,219	626	14.8	Nebraska	1,623	246	15.2
Alaska	606	31	5.1	Nevada	1,457	180	12.4
Arizona	4,075	573	14.1	New Hampshire	1,137	151	13.3
Arkansas	2,453	414	16.9	New Jersey	7,904	1,151	14.6
California	31,431	3,538	11.3	New Mexico	1,654	203	12.3
Colorado	3,656	406	11.1	New York	18,169	2,602	14.3
Connecticut	3,275	494	15.1	North Carolina	7,070	991	14.0
Delaware	706	97	13.7	North Dakota	638	102	16.0
District of Columbia	570	78	13.7	Ohio	11,102	1,637	14.7
Florida	13,953	2,541	18.2	Oklahoma	3,258	477	14.6
Georgia	7,055	806	11.4	Oregon	3,086	458	14.8
Hawaii	1,179	144	12.2	Pennsylvania	12,052	2,045	17.0
Idaho	1,133	145	12.8	Rhode Island	997	166	16.6
Illinois	11,752	1,598	13.6	South Carolina	3,664	491	13.4
Indiana	5,752	809	14.1	South Dakota	721	115	16.0
Iowa	2,829	470	16.6	Tennessee	5,175	748	14.5
Kansas	2,554	378	14.8	Texas	18,378	2,009	10.9
Kentucky	3,827	571	14.9	Utah	1,908	181	9.5
Louisiana	4,315	568	13.2	Vermont	580	81	14.0
Maine	1,240	197	15.9	Virginia	6,552	792	12.1
Maryland	5,006	587	11.7	Washington	5,343	668	12.5
Massachusetts	6,041	918	15.2	West Virginia	1,822	324	17.8
Michigan	9,496	1,321	13.9	Wisconsin	5,082	749	14.7
Minnesota	4,567	620	13.6	Wyoming	476	58	12.2
Mississippi	2,669	387	14.5	Puerto Rico	NA	464	NA
				Outlying Areas	NA	294	NA

<sup>1</sup> Includes the United States, its Territories and Possessions, and residents of foreign countries.

<sup>2</sup> Includes enrollees with unknown State of residence.

NOTES: Resident population is a provisional estimate. The 1994 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Data as of July.

SOURCES: HCFA/BDMS and Bureau of the Census

March 1995

# Medicare and Prepaid Enrollment Distribution by State 1995

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
Total	37,386	2,339,592	175,762	582,274	3,097,628	8
Alabama	644	1,944	0	0	1,944	0
Alaska	33	0	0	0	0	0
Arizona	594	158,502	0	0	158,502	27
Arkansas	425	0	0	0	0	0
California	3,636	975,749	1,149	182,208	1,159,106	32
Colorado	420	50,679	885	9,069	60,633	14
Connecticut	506	257	8,969	2,659	11,885	2
Delaware	100	109	0	0	109	0
Dist. of Columbia	80	0	0	7,781	7,781	10
Florida	2,621	387,470	1,993	5,873	395,336	15
Georgia	832	0	0	2,763	2,763	0
Hawaii	149	13,080	29,411	3,426	45,917	31
Idaho	149	0	0	0	0	0
Illinois	1,635	69,018	5,045	25,575	99,638	6
Indiana	830	2,684	3,710	5,442	11,836	1
Iowa	480	0	0	9,378	9,378	2
Kansas	387	0	0	9,638	9,638	2
Kentucky	589	2,724	0	0	2,724	0
Louisiana	585	6,636	0	98	6,734	1
Maine	202	0	0	0	0	0
Maryland	603	2,338	0	6,201	8,539	1
Massachusetts	939	41,369	0	20,043	61,412	7
Michigan	1,357	6,947	0	813	7,760	1
Minnesota	635	58,177	593	65,062	123,832	19
Mississippi	399	0	7	0	7	0
Missouri	840	16,226	0	15,955	32,181	4
Montana	130	0	0	0	0	0
Nebraska	252	3,271	0	0	3,271	1
Nevada	188	36,634	0	0	36,634	19
New Hampshire	156	53	0	0	53	0



**Medicare and Prepaid Enrollment Distribution by State**  
**1995**  
**continued**

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
New Jersey	1,179	5,364	23,823	0	29,187	2
New Mexico	210	28,147	0	0	28,147	13
New York	2,665	104,731	28,827	51,931	185,489	7
North Carolina	1,026	0	0	3,766	3,766	0
North Dakota	104	0	719	0	719	1
Ohio	1,679	20,816	944	9,717	31,477	2
Oklahoma	490	12,913	0	0	12,913	3
Oregon	470	100,700	37,177	0	137,877	29
Pennsylvania	2,092	60,055	0	3,897	63,952	3
Puerto Rico	480	0	0	0	0	0
Rhode Island	169	11,639	5,077	0	16,716	10
South Carolina	508	0	0	0	0	0
South Dakota	118	0	0	0	0	0
Tennessee	772	0	0	0	0	0
Texas	2,077	87,940	0	12,869	100,809	5
Utah	187	0	0	29,400	29,400	16
Vermont	83	0	0	0	0	0
V.I./Guam/A.S.	18	0	0	0	0	0
Virginia	817	1,535	137	0	1,672	0
Washington	686	71,885	5,332	2,505	79,722	12
West Virginia	332	0	7,971	0	7,971	2
Wisconsin	767	0	0	10,563	10,563	1
Wyoming	60	0	0	0	0	0
United Mine Workers	--	--	--	85,642	85,642	--

<sup>1</sup> United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Enrollee data (16,938) for Social Health Maintenance Organizations (SHMOs) are included in the total prepaid enrollees. Totals do not necessarily equal the sum of rounded components. Data as of January, 1995.

SOURCE: HCFA/BDMS and U.S. Department of Commerce, Bureau of the Census

March 1995



# Medicaid Recipients by State Fiscal Year 1993

	Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population		Resident Population in thousands	Medicaid Recipients in thousands	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions	NA	33,432	NA	Missouri	5,235	609	11.6
United States	257,783	32,664	12.7	Montana	841	89	10.6
Alabama	4,181	522	12.5	Nebraska	1,613	165	10.2
Alaska	598	65	10.9	Nevada	1,382	88	6.4
Arizona <sup>1</sup>	3,945	404	10.2	New Hampshire	1,124	79	7.1
Arkansas	2,426	339	14.0	New Jersey	7,859	794	10.1
California	31,217	4,834	15.5	New Mexico	1,616	241	14.9
Colorado	3,564	281	7.9	New York	18,153	2,742	15.1
Connecticut	3,278	334	10.2	North Carolina	6,952	898	12.9
Delaware	698	69	9.9	North Dakota	637	62	9.7
District of Columbia	579	120	20.8	Ohio	11,061	1,491	13.5
Florida	13,726	1,745	12.7	Oklahoma	3,233	387	12.0
Georgia	6,902	955	13.8	Oregon	3,035	325	10.7
Hawaii	1,166	110	9.4	Pennsylvania	12,030	1,223	10.2
Idaho	1,100	100	9.0	Rhode Island	1,000	191	19.1
Illinois	11,686	1,396	11.9	South Carolina	3,630	470	13.0
Indiana	5,706	565	9.9	South Dakota	716	70	9.7
Iowa	2,821	289	10.3	Tennessee	5,094	909	17.8
Kansas	2,535	243	9.6	Texas	18,022	2,308	12.8
Kentucky	3,794	618	16.3	Utah	1,860	148	8.0
Louisiana	4,290	751	17.5	Vermont	576	81	14.0
Maine	1,240	169	13.6	Virginia	6,473	576	8.9
Maryland	4,958	445	9.0	Washington	5,259	633	12.0
Massachusetts	6,018	765	12.7	West Virginia	1,818	347	19.1
Michigan	9,460	1,172	12.4	Wisconsin	5,044	471	9.3
Minnesota	4,524	425	9.4	Wyoming	470	46	9.8
Mississippi	2,640	504	19.1	Puerto Rico	NA	757	NA
				Virgin Islands	NA	11	NA

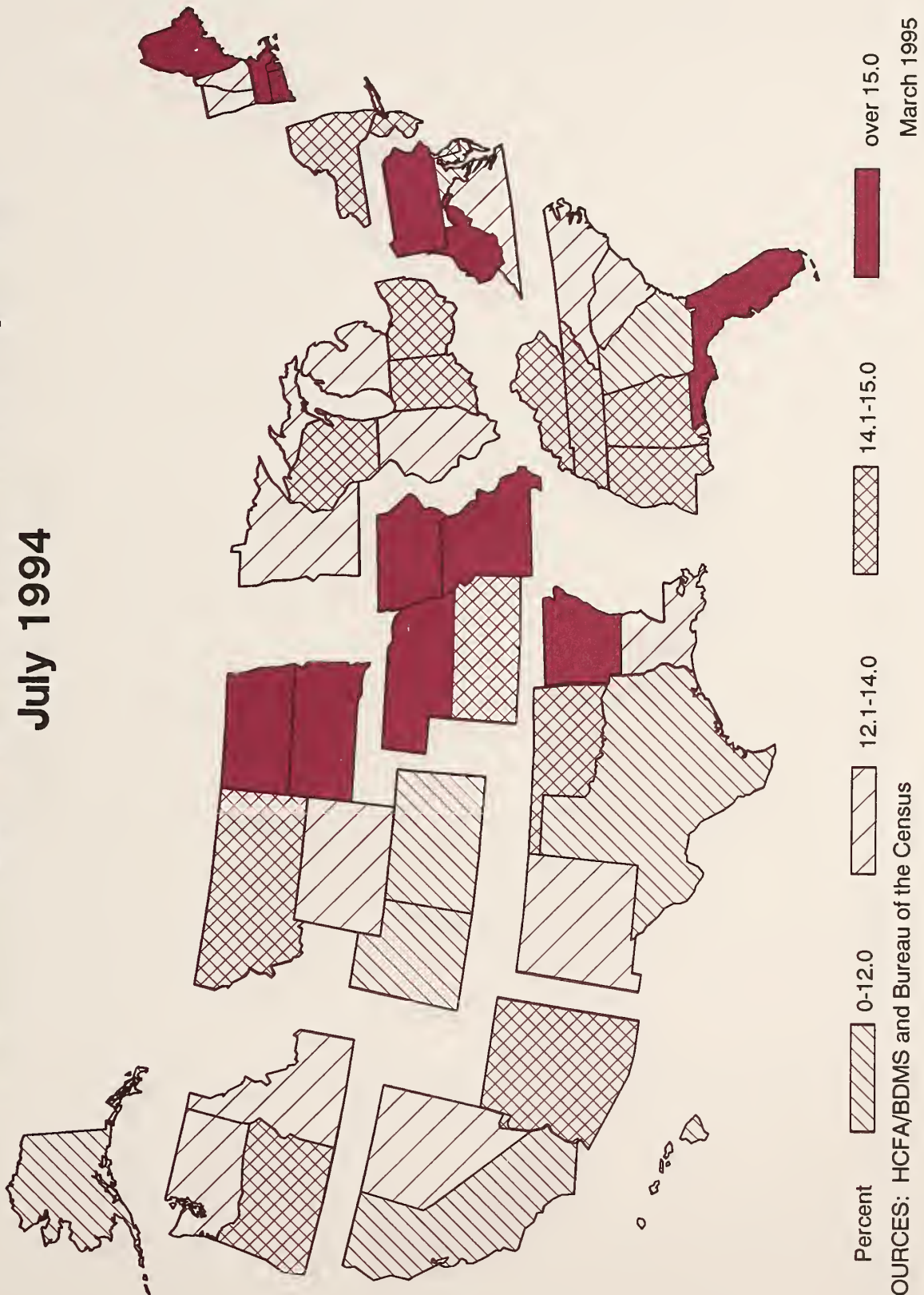
<sup>1</sup> Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 1993. The 1993 resident population data for Puerto Rico and Virgin Islands are not available.

SOURCES: HCFA/BDMS and Bureau of the Census

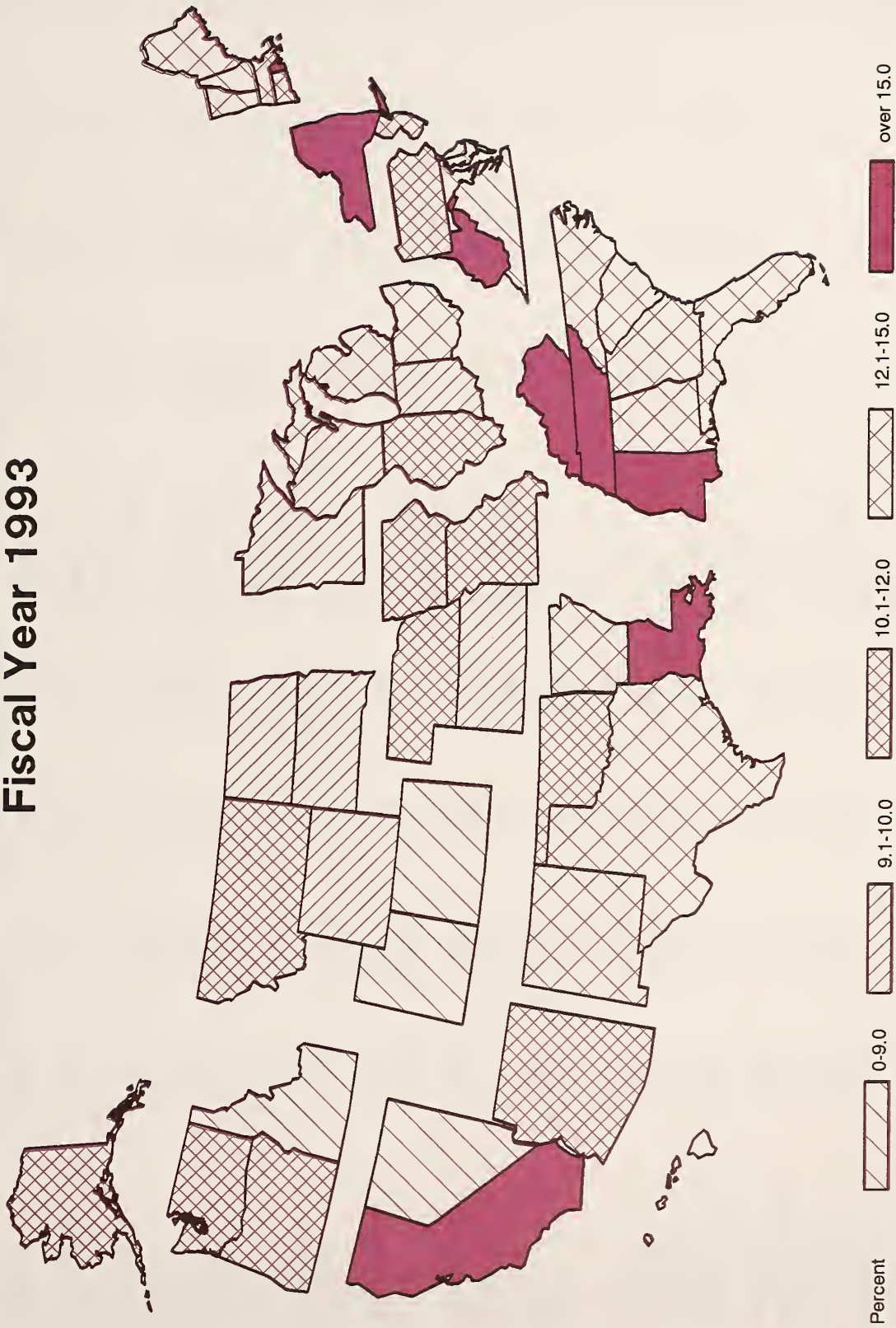
March 1995

# Medicare Enrollment as Percent of Population July 1994





# Medicaid Recipients as Percent of Population Fiscal Year 1993



March 1995

SOURCES: HCFA/BDMS and Bureau of the Census







# Medicare Persons Served by State Calendar Year 1993

	Aged			Disabled			Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands
All Areas	26,793	825	2,888	751		Missouri	623	857	69		783	
United States	26,552	834	2,841	762		Montana	97	876	10		745	
						Nebraska	196	867	15		770	
						Nevada	109	707	12		681	
						New Hampshire	117	871	11		735	
						New Jersey	897	860	77		778	
Alabama	473	890	70	793		New Mexico	134	767	17		689	
Alaska	21	807	3	724		New York	1,937	836	203		768	
Arizona	352	696	33	600		North Carolina	760	898	102		804	
Arkansas	312	883	44	755		North Dakota	85	908	6		745	
California	2,102	667	248	717		Ohio	1,277	881	132		754	
Colorado	272	775	31	690		Oklahoma	369	867	37		760	
Connecticut	396	879	32	805		Oregon	295	713	29		708	
Delaware	78	908	7	767		Pennsylvania	1,647	882	135		780	
District of Columbia	55	774	6	794		Rhode Island	125	841	12		714	
Florida	1,889	814	148	749		South Carolina	367	891	57		821	
Georgia	603	890	94	810		South Dakota	91	867	8		757	
Hawaii	79	603	7	698		Tennessee	569	892	83		817	
Idaho	117	906	10	730		Texas	1,494	841	152		760	
Illinois	1,188	826	115	751		Utah	136	847	12		712	
Indiana	623	873	66	748		Vermont	62	875	7		801	
Iowa	394	915	31	795		Virginia	608	882	72		791	
Kansas	312	902	24	771		Washington	472	794	47		737	
Kentucky	419	881	69	770		West Virginia	239	876	38		765	
Louisiana	411	859	64	766		Wisconsin	603	897	56		777	
Maine	157	917	18	810		Wyoming	44	847	4		716	
Maryland	458	868	41	786		Puerto Rico	230	644	46		461	
Massachusetts	695	848	71	771		Other Outlying Areas	4	285	( <sup>1</sup> )		236	
Michigan	1,057	915	117	776		Foreign Countries	8	29	1		42	
Minnesota	438	779	38	730								
Mississippi	285	887	51	812								

<sup>1</sup> Less than 500.

NOTES: Rates are based on July 1, 1993 enrollment data.

SOURCE: HCFA/BDMS

March 1995

# National Community Hospital Care by State 1992 Annual Survey

	Admissions in thousands	Average Stay in Days	Occupancy Rates	Outpatient Visits in thousands	Admissions in thousands	Average Stay in Days	Occupancy Rates	Outpatient Visits in thousands
United States	31,034	7.1	65.6	348,522	718	7.4	60.3	7,372
Alabama	604	7.0	61.9	5,425	102	10.0	65.0	1,054
Alaska	38	6.6	53.5	643	181	9.6	56.4	1,856
Arizona	2,074	5.3	60.7	3,172	130	6.0	61.0	1,376
Arkansas	2,407	7.0	59.5	2,796	116	7.1	66.2	1,611
California	3,081	5.9	62.4	36,971				
Colorado	344	6.6	61.4	4,546	1,124	8.1	79.7	10,670
Connecticut	350	7.2	75.0	4,702	156	5.4	54.9	2,325
Delaware	82	6.6	71.6	1,061	2,374	9.9	84.3	32,339
District of Columbia	1,195	7.4	74.5	1,120	796	7.4	71.6	7,177
Florida	1,645	6.9	61.3	13,526	93	11.3	64.8	708
Georgia	861	7.3	65.3	7,787				
Hawaii	98	8.9	82.6	2,010	1,438	6.5	60.8	18,894
Idaho	100	7.0	57.6	1,461	373	6.6	55.9	2,746
Illinois	1,497	7.2	64.4	18,000	296	5.1	54.5	4,046
Indiana	711	6.5	59.3	10,385	1,818	7.6	72.7	22,555
Iowa	364	8.3	59.0	4,983	131	6.7	76.9	1,384
Kansas	292	7.8	54.7	3,238				
Kentucky	530	7.0	63.0	5,213	397	7.2	68.6	3,891
Louisiana	610	6.6	58.3	6,852	95	10.2	62.2	863
Maine	148	7.7	67.9	2,176	769	6.8	61.7	6,445
Maryland	566	6.4	75.4	4,407	1,971	6.1	56.4	16,166
Massachusetts	836	6.9	72.6	12,642	173	5.1	55.2	2,931
Michigan	1,062	7.0	64.6	17,118				
Minnesota	525	8.8	66.8	4,888	57	7.0	65.0	746
Mississippi	368	7.4	59.8	2,480	700	6.8	65.7	6,333
Missouri					501	5.4	62.2	6,706
Montana					278	6.9	64.2	3,198
Nebraska					587	7.3	63.7	6,888
Nevada					46	8.6	51.0	640
New Hampshire								
New Jersey								
New Mexico								
New York								
North Carolina								
North Dakota								
Ohio								
Oklahoma								
Oregon								
Pennsylvania								
Rhode Island								
South Carolina								
South Dakota								
Tennessee								
Texas								
Utah								
Vermont								
Virginia								
Washington								
West Virginia								
Wisconsin								
Wyoming								

SOURCE: American Hospital Association's 1993 Hospital Statistics.

March 1995

# Medicare Inpatient Hospitals by State 1994

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals	Beds per 1,000 Enrollees		Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals	Beds per 1,000 Enrollees
All Areas	5,292	25.3	1,122	3.5	Missouri	125	30.4	25	2.6
United States	5,235	25.5	1,118	3.6	Montana	53	23.4	2	0.4
Alabama	111	30.8	18	2.5	Nebraska	91	28.8	9	3.8
Alaska	22	42.7	3	6.9	Nevada	24	17.6	9	3.2
Arizona	68	17.7	19	2.4	New Hampshire	26	19.2	5	3.7
Arkansas	80	26.1	17	3.5	New Jersey	88	25.5	24	3.6
California	441	24.6	94	2.4	New Mexico	44	23.2	14	3.5
Colorado	65	23.8	22	5.9	New York	227	26.8	47	6.3
Connecticut	35	22.0	16	5.7	North Carolina	127	23.8	18	3.0
Delaware	7	21.7	5	4.0	North Dakota	49	35.6	3	4.4
Dist. of Columbia	10	52.0	4	13.0	Ohio	187	29.7	32	2.9
Florida	212	20.3	69	2.1	Oklahoma	123	29.1	26	3.8
Georgia	160	30.2	36	4.9	Oregon	63	17.5	4	0.8
Hawaii	22	15.9	4	2.9	Pennsylvania	210	19.5	58	4.3
Idaho	42	18.7	6	1.8	Rhode Island	12	19.7	6	7.8
Illinois	199	30.7	28	2.0	South Carolina	63	23.4	13	3.4
Indiana	119	30.5	40	2.9	South Dakota	58	29.7	2	1.1
Iowa	119	27.0	4	0.9	Tennessee	127	33.5	27	3.3
Kansas	132	31.3	17	4.5	Texas	401	28.2	119	4.0
Kentucky	105	28.3	18	3.5	Utah	42	24.7	10	5.2
Louisiana	133	34.9	61	8.2	Vermont	15	23.3	2	2.1
Maine	39	21.7	5	2.6	Virginia	98	26.1	28	3.5
Maryland	51	22.2	23	6.8	Washington	91	16.1	8	2.8
Massachusetts	91	19.9	46	7.2	West Virginia	58	13.9	10	2.0
Michigan	172	23.9	21	3.0	Wisconsin	126	59.5	21	2.7
Minnesota	144	26.5	10	3.2	Wyoming	25	2.1	4	1.6
Mississippi	103	30.2	6	1.1	Puerto Rico	53	20.1	4	1.9
					Other Outlying Areas	4	29.8	--	--

NOTES: Facility data as of December 1994. Beds per 1,000 enrollees based on HI enrollment data as of December 1994.

SOURCES: HCFA/ORD/BDMS

March 1995



# Medicare Skilled Nursing Facilities and Certified Beds by State 1994

	Facilities	Beds	Facilities	Beds
All Areas	12,584	649,054		
United States	12,576	648,707		
Alabama	214	9,003	Missouri	406
Alaska	15	461	Montana	95
Arizona	146	3,614	Nebraska	99
Arkansas	134	2,679	Nevada	38
California	1,243	56,154	New Hampshire	23
Colorado	181	4,981	New Jersey	244
Connecticut	248	24,375	New Mexico	63
Delaware	36	1,933	New York	638
District of Columbia	16	771	North Carolina	384
Florida	629	23,859	North Dakota	86
Georgia	261	10,339	Ohio	692
Hawaii	32	2,308	Oklahoma	109
Idaho	78	2,691	Oregon	123
Illinois	511	13,546	Pennsylvania	682
Indiana	414	10,628	Rhode Island	96
Iowa	135	8,608	South Carolina	165
Kansas	202	4,165	South Dakota	54
Kentucky	291	12,158	Tennessee	216
Louisiana	99	4,112	Texas	835
Maine	137	2,827	Utah	75
Maryland	200	14,098	Vermont	34
Massachusetts	458	25,670	Virginia	191
Michigan	361	20,015	Washington	272
Minnesota	435	37,854	West Virginia	83
Mississippi	87	2,221	Wisconsin	277
			Wyoming	33
			U.S. Territories and Possessions	8
				347

NOTE: Data as of December.

SOURCES: HCFA/ORD/BDMS

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# Nursing Facilities Certified for Medicaid Only and Other Medicaid Long – Term Care Facilities by State 1994

	Nursing Facilities Title 19	Institutions for Mentally Retarded		Nursing Facilities Title 19	Institutions for Mentally Retarded
United States	4,183	7,253	Missouri	133	28
Alabama	5	8	Montana	4	3
Alaska	1	6	Nebraska	134	4
Arizona	2	12	Nevada	2	16
Arkansas	136	40	New Hampshire	55	8
California	133	631	New Jersey	76	10
Colorado	35	8	New Mexico	16	33
Connecticut	19	145	New York	3	1,163
Delaware	6	6	North Carolina	4	300
District of Columbia	4	120	North Dakota	0	64
Florida	17	104	Ohio	302	407
Georgia	94	12	Oklahoma	328	37
Hawaii	10	15	Oregon	40	2
Idaho	0	48	Pennsylvania	39	255
Illinois	331	312	Rhode Island	0	61
Indiana	181	575	South Carolina	2	173
Iowa	333	107	South Dakota	61	14
Kansas	230	47	Tennessee	102	63
Kentucky	0	9	Texas	444	852
Louisiana	249	441	Utah	19	14
Maine	2	42	Vermont	14	7
Maryland	31	5	Virginia	82	21
Massachusetts	96	12	Washington	11	30
Michigan	82	502	West Virginia	51	62
Minnesota	26	353	Wisconsin	142	50
Mississippi	91	12	Wyoming	5	4

NOTE: Data as of December.

SOURCES: HCFA/ORD/BDMS

March 1995



**Community Hospitals by State  
1992 Annual Survey**

Beds per 1,000				Beds per 1,000			
	Hospitals	Beds	Resident Population	Hospitals	Beds	Resident Population	
United States	5,292	920,943	3.6	133	23,973	4.6	
Alabama	116	18,614	4.5	53	4,275	5.2	
Alaska	16	1,281	2.2	90	8,443	5.3	
Arizona	60	9,355	2.4	21	3,534	2.6	
Arkansas	87	11,047	4.6	27	3,401	3.0	
California	436	79,388	2.6				
Colorado	71	10,100	2.9	97	31,192	4.0	
Connecticut	35	9,210	2.8	38	4,188	2.6	
Delaware	8	2,083	3.0	231	76,171	4.2	
District of Columbia	11	4,384	7.5	117	22,412	3.3	
Florida	223	51,024	3.8	47	4,429	7.0	
Georgia	159	26,346	3.9	192	42,263	3.8	
Idaho	20	2,877	2.5	110	12,001	3.7	
Illinois	41	3,333	3.1	63	7,494	2.5	
Indiana	210	45,472	3.9	232	51,895	4.3	
Iowa	113	21,457	3.8	12	3,110	3.1	
Kansas	121	14,024	5.0	68	11,339	3.1	
Kentucky	134	11,436	4.5	52	4,269	6.0	
Louisiana	107	16,045	4.3	131	23,230	4.6	
Maine	135	18,714	4.4	414	58,511	3.3	
Maryland	39	4,558	3.7	42	4,346	2.4	
Massachusetts	49	13,143	2.7	15	1,679	2.9	
Michigan	102	21,725	3.6	98	19,657	3.1	
Minnesota	170	31,686	3.4	90	11,901	2.3	
Mississippi	145	18,812	4.2	57	8,184	4.5	
Missouri	100	12,445	4.8	128	18,356	3.7	
Montana				26	2,131	4.6	
Nebraska							
Nevada							
New Hampshire							
New Jersey							
New Mexico							
New York							
North Carolina							
North Dakota							
Ohio							
Oklahoma							
Oregon							
Pennsylvania							
Rhode Island							
South Carolina							
South Dakota							
Tennessee							
Texas							
Utah							
Vermont							
Virginia							
Washington							
West Virginia							
Wisconsin							
Wyoming							

SOURCE: American Hospital Association's 1993 Hospital Statistics.

March 1995

# Medicare Part B Participating Physicians and LLP's by State

	January 1991	January 1992	January 1993	January 1994
	Percent Participating			
Alabama	82.7	83.4	85.1	87.2
Alaska	53.8	55.1	60.4	66.3
Arizona	61.3	64.5	76.2	82.6
Arkansas	59.9	57.8	62.1	64.9
California	60.8	62.6	65.9	69.0
Colorado	35.3	48.0	55.7	58.5
Connecticut	40.8	48.1	55.4	57.8
Delaware	43.9	51.9	57.4	60.0
District of Columbia	39.8	45.9	50.6	52.8
Florida	36.5	41.5	55.6	62.2
Georgia	53.6	57.2	74.9	82.7
Hawaii	57.3	64.1	75.9	80.4
Idaho	19.5	22.9	37.1	49.7
Illinois	46.9	50.8	57.6	61.8
Indiana	45.1	49.3	55.8	61.3
Iowa	51.9	58.8	61.8	63.2
Kansas	62.6	70.3	73.2	78.7
Kentucky	59.5	64.0	73.6	69.1
Louisiana	42.9	44.6	44.0	46.7
Maine	50.3	51.6	52.0	53.6
Maryland	45.3	58.7	72.5	77.3
Massachusetts	50.8	50.0	50.2	48.9
Michigan	53.7	51.7	58.1	62.1
Minnesota	29.3	34.4	44.4	51.3
Mississippi	42.7	47.9	53.4	53.8
Missouri	49.0	51.8	67.5	81.8
Montana	24.8	23.7	54.7	58.7
Nebraska	56.5	61.1	70.6	75.9
Nevada	72.9	75.4	84.9	87.9
New Hampshire	32.7	38.5	43.0	48.0
New Jersey	29.6	36.5	42.6	45.9
New Mexico	49.7	53.6	66.8	74.2
New York	34.6	36.9	40.7	46.2
North Carolina	58.1	68.2	72.8	76.5
North Dakota	43.9	45.8	55.0	77.4
Ohio	52.5	57.3	76.6	83.3
Oklahoma	39.0	44.4	53.9	64.9
Oregon	46.7	51.7	59.2	66.5
Pennsylvania	45.9	53.0	59.7	61.1
Rhode Island	67.8	70.3	80.9	82.2
South Carolina	57.9	63.0	67.3	70.2
South Dakota	20.6	23.7	31.6	41.2
Tennessee	63.7	67.6	70.5	76.9
Texas	38.9	52.9	61.3	68.6
Utah	65.6	69.5	80.3	82.0
Vermont	45.4	54.2	56.5	58.8
Virginia	48.1	49.7	52.2	52.9
Washington	46.1	53.1	64.7	73.9
West Virginia	66.3	68.4	75.9	81.9
Wisconsin	46.8	55.5	66.8	73.7
Wyoming	39.1	50.2	53.3	63.0

NOTE: LLP's are Limited License Practitioners.

SOURCE: HCFA/BPO

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# **Medicare Part B Assignment Rate by Carrier Fiscal Year 1994**

Carrier	Assignment Rate <sup>1</sup>	Carrier	Assignment Rate <sup>1</sup>
<b>Boston Region</b>	<b>96.9</b>	<b>Dallas Region</b>	<b>90.3</b>
Connecticut—Travelers	94.4	Arkansas B/S	94.5
Massachusetts B/S	97.6	Louisiana—Arkansas B/S	93.4
Massachusetts	98.9	New Mexico—Aetna	89.6
Tri—State	94.4	Oklahoma—Aetna	88.0
Maine	96.3	Texas B/S	89.2
New Hampshire	91.2	DMERC—South Carolina B/S	90.5
Vermont	96.7		
Rhode Island B/S	98.8	<b>Kansas City Region</b>	<b>87.5</b>
		Iowa B/S	83.1
<b>New York Region</b>	<b>91.6</b>	Kansas B/S	92.9
New York—Binghamton B/S	92.1	Nebraska—Kansas B/S	93.8
New York—Empire B/S	90.0	Missouri—Kansas B/S	81.4
New York—Group Health	91.0	Missouri—General American	87.6
Puerto Rico B/S	99.0		
Puerto Rico	99.0	<b>Denver Region</b>	<b>84.2</b>
Virgin Islands	71.9	Colorado B/S	88.3
		Montana B/S	89.2
<b>Philidelphia Region</b>	<b>93.9</b>	North Dakota B/S	72.3
Maryland B/S	94.5	North Dakota	82.8
Pennsylvania B/S	94.0	South Dakota	61.5
Delaware	92.4	Wyoming	76.9
District of Columbia	92.9	Utah B/S	89.8
New Jersey	85.8		
Pennsylvania	98.3	<b>San Francisco Region</b>	<b>93.5</b>
Pennsylvania—Lab.	100.0	Arizona—Nevada—Aetna	93.6
Virginia—Travelers	93.5	Arizona	92.5
DMERC—Travelers	91.2	Nevada	97.1
		California B/S	90.6
<b>Atlanta Region</b>	<b>93.5</b>	California—Occidental (Non—P&E)	96.4
Alabama B/S	96.8	California—Occidental (P&E)	98.9
Florida B/S	94.4	Hawaii—Aetna	96.5
Georgia—Aetna	92.9		
Kentucky B/S	94.5	<b>Seattle Region</b>	<b>83.0</b>
Mississippi—Travelers	93.8	Alaska—Oregon—Aetna	84.2
North Carolina—Conn. Gen.	90.5	Alaska	92.8
South Carolina B/S (Non—P&E)	88.7	Oregon	83.6
South Carolina B/S (P&E)	99.4	Idaho—Conn. Gen.	64.2
Tennessee Conn—Gen.	93.6	Washington B/S	80.3
		Washington—Aetna	86.7
<b>Chicago Region</b>	<b>92.2</b>	DMERC—Conn.Gen.	83.7
Illinois B/S (HCSC)	89.1		
Indiana B/S	88.9	<b>ALL REGIONS</b>	<b>92.1</b>
Michigan B/S	96.7		
Minnesota B/S	75.2	RRB—Travelers	89.6
Minnesota—Travelers	74.8	Aetna	89.9
Nationwide	98.2	Travelers (RRB excluded)	91.3
Ohio	98.4	Conn.Gen.(DMERC excluded)	90.3
West Virginia	97.0		
Wisconsin B/S	86.8		
DMERC—Indiana B/S	88.8		

<sup>1</sup> The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: HCFA/BPO

March 1995



# Physicians Billing Medicare <sup>1</sup> 1994

State	Number	Percent of Total	State	Number	Percent of Total
Total	680,551	100	Mississippi	4,134	0.6
Alaska	1,046	0.2	Montana	1,982	0.3
Alabama	8,595	1.3	North Carolina	16,446	2.4
Arkansas	5,458	0.8	North Dakota	1,495	0.2
Arizona	9,282	1.4	Nebraska	3,403	0.5
California	85,855	12.6	New Hampshire	3,014	0.4
			New Jersey	20,647	3.0
			New Mexico	3,465	0.5
Colorado	9,095	1.3	Nevada	2,547	0.4
Connecticut	10,164	1.5	New York	62,512	9.2
Delaware	1,711	0.3			
District Columbia	3,393	0.5	Ohio	28,965	4.3
Florida	38,408	5.6	Oklahoma	7,081	1.0
			Oregon	7,861	1.2
Georgia	14,276	2.1	Pennsylvania	40,220	5.9
Hawaii <sup>2</sup>	3,144	0.5	Puerto Rico <sup>3</sup>	6,871	1.0
Iowa	7,355	1.1			
Idaho	2,039	0.3	Rhode Island	3,173	0.5
Illinois	28,931	4.3	South Carolina	7,365	1.1
			South Dakota	1,538	0.2
Indiana	12,509	1.8	Tennessee	12,521	1.8
Kansas	5,638	0.8	Texas	37,206	5.5
Kentucky	8,426	1.2			
Louisiana	9,737	1.4	Utah	3,699	0.5
Massachusetts	24,930	3.7	Virginia	13,354	2.0
			Vermont	1,860	0.3
Maryland	13,382	2.0	Washington	12,834	1.9
Maine	3,479	0.5	Wisconsin	12,998	1.9
Michigan	25,550	3.8			
Minnesota	12,728	1.9	West Virginia	4,447	0.7
Missouri	12,944	1.9	Wyoming	840	0.1

<sup>1</sup> Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH.

<sup>2</sup> Guam included in Hawaii.

<sup>3</sup> Virgin Islands included in Puerto Rico.

NOTE: Percent total does not necessarily equal sum of rounded components. Data as of July.

SOURCES: HCFA/ORD/BPO

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	Aged			Disabled			Aged			Disabled		
	Reimbursement in millions	Per Person Served	Reimbursement in millions	Per Person Served	Reimbursement in millions	Per Person Served	Reimbursement in millions	Per Person Served	Reimbursement in millions	Per Person Served	Reimbursement in millions	Per Person Served
All Areas	\$114,247	\$4,264	\$15,850	\$5,488	Missouri	\$2,480	\$3,979	\$333	\$4,824			
United States	\$113,634	4,280	\$15,717	5,532	Montana	\$325	3,343	\$39	3,735			
Alabama	2,070	4,379	\$341	4,875	Nebraska	\$575	2,939	\$68	4,602			
Alaska	86	4,111	\$16	5,271	Nevada	\$470	4,299	\$71	5,948			
Arizona	1,409	4,006	\$189	5,692	New Hampshire	\$412	3,524	\$51	4,850			
Arkansas	1,148	3,681	\$172	3,959	New Jersey	\$4,228	4,711	\$500	6,517			
California	10,513	5,001	\$1,744	7,020	New Mexico	\$417	3,115	\$75	4,476			
Colorado	1,043	3,834	\$159	5,093	New York	\$9,297	4,799	\$1,237	6,098			
Connecticut	1,741	4,392	\$195	6,107	North Carolina	\$2,642	3,478	\$473	4,639			
Delaware	318	4,064	\$47	6,411	North Dakota	\$263	3,103	\$24	3,753			
District of Columbia	332	6,053	\$67	11,139	Ohio	\$5,209	4,078	\$648	4,896			
Florida	8,812	4,665	\$933	6,321	Oklahoma	\$1,461	3,957	\$174	4,758			
Georgia	2,669	4,427	\$508	5,431	Oregon	\$931	3,162	\$125	4,346			
Hawaii	270	3,430	\$42	6,045	Pennsylvania	\$7,762	4,712	\$842	6,220			
Idaho	364	3,104	\$50	5,109	Rhode Island	\$556	4,451	\$59	5,129			
Illinois	5,212	4,387	\$695	6,045	South Carolina	\$1,301	3,541	\$254	4,456			
Indiana	2,434	3,906	\$334	5,034	South Dakota	\$274	3,030	\$30	4,002			
Iowa	1,229	3,121	\$122	3,968	Tennessee	\$2,555	4,494	\$406	4,888			
Kansas	1,157	3,710	\$116	4,892	Texas	\$6,708	4,489	\$934	6,153			
Kentucky	1,605	3,832	\$286	4,126	Utah	\$482	3,549	\$55	4,599			
Louisiana	2,154	5,235	\$388	6,094	Vermont	\$198	3,201	\$30	4,336			
Maine	520	3,304	\$68	3,720	Virginia	\$2,212	3,636	\$360	5,021			
Maryland	2,324	5,075	\$331	8,037	Washington	\$1,678	3,555	\$236	4,976			
Massachusetts	3,600	5,182	\$469	6,624	West Virginia	\$875	3,662	\$144	3,807			
Michigan	4,501	4,256	\$597	5,105	Wisconsin	\$1,973	3,270	\$242	4,326			
Minnesota	1,426	3,254	\$170	4,420	Wyoming	\$172	3,943	\$20	5,047			
Mississippi	1,195	4,188	\$231	4,559	Puerto Rico	\$575	2,505	\$127	2,767			
					Other Outlying Areas	\$9	2,205	\$3	5,586			
					Foreign Countries	\$29	3,854	\$3	4,801			

SOURCE: HCFA/BDMS

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## IX. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

### **HIGHLIGHTS**

- o *The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o *The Medicare Coinsurance has remained at 20% since the beginning of the program. The annual Deductible increased from \$50 beginning July 1996 to \$100 beginning January 1991.*
- o *The Medicare inpatient hospital deductible increased from \$40 in 1966 to \$716 in 1995.*
- o *The Medicare Part B premiums increased from \$3 per month in 1966 to \$46.10 per month in 1995.*



## Financing of Medicare Programs

Source of Income
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### HI Trust Fund

1. Payroll taxes \*
2. Transfers from railroad retirement account
3. General revenue for
  - a. uninsured persons
  - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

\* Contribution rate

Employees and employers, each	1.45%
Self employed	2.90%

Maximum taxable amount (CY 1995)	none <sup>1</sup>
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### Voluntary HI Premium <sup>2</sup>

Monthly Premium (1995):	\$261
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### SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

### Part B Premium

Monthly Basic Premium (1995):	\$46.10
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<sup>1</sup> The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

<sup>2</sup> Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$183 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

SOURCE: HCFA/OACT

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# **Financing Medicaid Programs Fiscal Year 1996**

Federal Contributions	Percent
1. Medical Vendor Payments	50-83
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility Inspectors	75
7. Intermediate Care Facility for the Mentally Retarded Inspectors	
a. Salaries, Fringe Benefits, Travel & Training	75
b. All Other Costs	50
8. Skilled Professional Medical Personnel	75
9. State Medicaid Fraud and Abuse Units	75
10. PRO Performance Review	75
11. Systematic Alien Verification for Entitlements System	100
12. Nurse's Aide Training and Competency Evaluation	50
13. Preadmission Screening and Annual Resident Review	75
14. Indian Health Services	100

SOURCE: HCFA/MB

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# **Medicare Cost Sharing and Premium Amounts for Hospital Insurance <sup>1</sup>**

	Inpatient Hospital			SNF <sup>3</sup>	Hospital Insurance Monthly Premium <sup>4</sup>
	Deductible (IHD)	Daily Coinsurance		Daily	
	Covers first 60 days	61st through 90th days (1/4 x IHD)	LTR <sup>2</sup> after 90 days (1/2 x IHD)	Coinsurance after 20 days (1/8 x IHD)	
July 1966	\$40	\$10	( <sup>5</sup> )	( <sup>5</sup> )	--
1967	--	--	( <sup>5</sup> )	\$5.00	--
1970	52	13	26	6.50	--
1975	92	23	46	11.50	40 <sup>6</sup>
1980	180	45	90	22.50	78
1981	204	51	102	25.50	89
1982	260	65	130	32.50	113
1983	304	76	152	38.00	( <sup>7</sup> )
1984	356	89	178	44.50	155 <sup>8</sup>
1985	400	100	200	50.00	174
1986	492	123	246	61.50	214
1987	520	130	260	65.00	226
1988	540	135	270	67.50	234
1989	560 <sup>9</sup>	0 <sup>9</sup>	0 <sup>9</sup>	25.50 <sup>10</sup>	156 <sup>11</sup>
1990	592	148	296	74.00	175
1991	628	157	314	78.50	177
1992	652	163	326	81.50	192
1993	676	169	338	84.50	221
1994	696	174	348	87.00	245 <sup>12</sup>
1995	716	179	358	89.50	261 <sup>12</sup>

Beginning January unless otherwise noted

<sup>1</sup> Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

<sup>2</sup> LTR is lifetime reserve.

<sup>3</sup> SNF is skilled nursing facility.

<sup>4</sup> Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

<sup>5</sup> Benefit not provided.

<sup>6</sup> Beginning in July for years 1973 through 1982. Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

<sup>7</sup> The Secretary of HHS promulgated a monthly premium of \$132 for noninsured enrollees for the period beginning July 1983. However, P.L. 98-12 subsequently provided that the monthly premium of \$113 continue to apply until December 31, 1983.

<sup>8</sup> Beginning in January for current and succeeding years.

<sup>9</sup> The 1989 IHD was applied on an annual basis, rather than a benefit period. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital expenses for covered hospital services, regardless of the days of hospitalization.

<sup>10</sup> The beneficiary paid this coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 as in the other years shown. SNF benefits were available up to 150 days of care per year in 1989, instead of up to 100 days of care per benefit period as in the other years shown. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered SNF care, rather than 1/8 of the IHD.

<sup>11</sup> Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for current and succeeding years.

<sup>12</sup> For 1994 and later, a reduced premium, is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 1994, the reduced premium was \$184. For 1995, the reduced premium is \$183.

SOURCE: HCFA/OACT

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# **Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance**

			Monthly Premiums		
Annual Deductible	Coinsurance	For Enrollee (aged and disabled) <sup>1</sup>	Government Amounts		
			Aged	Disabled	
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1967	--	--	--	--	--
1970	( <sup>2</sup> )	( <sup>2</sup> )	5.30	5.30	--
1975	--	( <sup>4</sup> )	--	8.30	30.30
1980	--	--	9.60	23.00	41.40
1981	( <sup>5</sup> ) ( <sup>6</sup> )	( <sup>6</sup> )	11.00	34.20	62.20
1982	75	( <sup>7</sup> )	12.20	37.00	72.00
1983	--	--	--	41.80	80.00
1984	--	--	14.60 <sup>3</sup>	43.80 <sup>3</sup>	94.00 <sup>3</sup>
1985	--	--	15.50	46.50	89.90
1986	--	--	--	--	66.10
1987	--	--	17.90	53.70	88.10
1988	--	--	24.80	74.40	72.40
1989	--	--	31.90	83.70	40.70
1990	--	--	28.60	85.80	59.60
1991	100	--	29.90	95.30	82.10
1992	--	--	31.80	89.80	129.80
1993	--	--	36.60	104.40	129.20
1994	--	--	41.10	82.50	111.10
1995	--	--	46.10	100.10	165.50

<sup>1</sup> Beginning July 1973 for the disabled.

<sup>2</sup> Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance, beginning in April 1968.

<sup>3</sup> Beginning in January for current and succeeding years.

<sup>4</sup> Home health services not subject to coinsurance, beginning July 1972.

<sup>5</sup> Home health services are not subject to deductible.

<sup>6</sup> Same as footnote 2, but only when physician accepts assignment.

<sup>7</sup> Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

SOURCE: HCFA/OACT

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**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates  
Calendar Years 1966 – 1995**

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate <sup>1</sup>	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994	none <sup>2</sup>	1.45	2.90
1995	none <sup>2</sup>	1.45	2.90

Changes scheduled in present law:

1996 and later	none <sup>2</sup>	1.45	2.90
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<sup>1</sup> Percent of taxable earnings.

<sup>2</sup> The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

Title XIX  
Federal Medicaid Assistance Percentages  
Fiscal Years 1993 – 1996

	1993	1994	1995	1996		1993	1994	1995	1996
Alabama	71.45	71.22	70.45	69.85	Missouri	60.26	60.64	59.85	60.06
Alaska	50.00	50.00	50.00	50.00	Montana	70.92	71.05	70.81	69.38
Arizona	65.89	65.90	66.40	65.85	Nebraska	61.32	61.98	60.40	59.49
Arkansas	74.41	74.46	73.75	73.61	Nevada	52.28	50.31	50.00	50.00
California	50.00	50.00	50.00	50.00	New Hampshire	50.00	50.00	50.00	50.00
Colorado	54.42	54.30	53.10	52.44	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	73.85	74.17	73.31	72.87
Delaware	50.00	50.00	50.00	50.33	New York	50.00	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	50.00	North Carolina	65.92	65.14	64.71	64.59
Florida	55.03	54.78	56.28	55.76	North Dakota	72.21	71.13	68.73	69.06
Georgia	62.08	62.47	62.23	61.90	Ohio	60.25	60.83	60.69	60.17
Hawaii	50.00	50.00	50.00	50.00	Oklahoma	69.67	70.39	70.05	69.89
Idaho	71.20	70.92	70.14	68.78	Oregon	62.39	62.12	62.36	61.01
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	55.48	54.61	54.27	52.93
Indiana	63.21	63.49	63.03	62.57	Rhode Island	53.64	53.87	55.49	53.84
Iowa	62.74	63.33	62.62	64.22	South Carolina	71.28	71.08	70.71	70.77
Kansas	58.18	59.52	58.90	59.04	South Dakota	70.27	69.50	68.06	66.66
Kentucky	71.69	70.91	69.58	70.30	Tennessee	67.57	67.15	66.52	65.64
Louisiana	73.71	73.49	72.65	71.89	Texas	64.44	64.18	63.31	62.30
Maine	61.81	61.96	63.30	63.32	Utah	75.29	74.35	73.48	73.21
Maryland	50.00	50.00	50.00	50.00	Vermont	59.88	59.55	60.82	60.87
Massachusetts	50.00	50.00	50.00	50.00	Virginia	50.00	50.00	50.00	51.37
Michigan	55.84	56.37	56.84	56.77	Washington	55.02	54.24	51.97	50.19
Minnesota	54.93	54.65	54.27	53.93	West Virginia	76.29	75.72	74.60	73.26
Mississippi	79.01	78.85	78.58	78.07	Wisconsin	60.42	60.47	59.81	59.67
					Wyoming	67.11	65.63	62.87	59.69
					Territories <sup>1</sup>	50.00	50.00	50.00	50.00

<sup>1</sup> Includes American Samoa, Guam, N. Marina Islands, Puerto Rico and Virgin Islands. Subject to Federal CAP.

NOTES: The Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99–272) requires an annual calculation of the Federal medical assistance percentages, effective for fiscal year 1987 and thereafter.

SOURCE: HCFA/MB

March 1995



# State Medicaid Program Changes

1994<sup>1</sup>

<b>ALABAMA</b> (covers CN only)	<b>MISSISSIPPI</b> (covers CN only)
Added: Podiatrists' Services	Added: Podiatrists' Services
Chiropractors' Services	Christian Science Sanitoriums for CN and MN
Private Duty Nursing Services	Deleted: Nurse Anesthetists' Services
<b>ALASKA</b> (covers CN only)	<b>NEVADA</b> (covers CN only)
Added: Hospice Care Services	Added: Diagnostic Services
Deleted: Inpatient Hospital Services for Age 65 or Older in IMDs	TB-Related Services
ICF/MR Services	Nurse Anesthetists' Services
<b>ARKANSAS</b>	<b>NEW HAMPSHIRE</b>
Added: Chiropractors' Services for CN and MN	Added: Clinic Services for CN and MN
Psychologists' Services for CN and MN	Emergency Hospital Services for CN only
Dental Services for CN and MN	Deleted: Respiratory Care Services
Physical Therapy for CN and MN	<b>NEW MEXICO</b> (covers CN only)
Occupational Therapy for CN and MN	Added: Rehabilitative Services
Speech, Hearing and Language Disorders for CN and MN	<b>NEW YORK</b>
Dentures for CN and MN	Added: TB-Related Services for CN and MN
NF Services for Under Age 21 for CN and MN	Deleted: Podiatrists' Services
Personal Care Services for CN only	<b>NORTH CAROLINA</b>
NF Services for Age 65 or Older in IMDs	Added: ICF/MR Services for CN only
Deleted: TB-Related Services for CN and MN	Deleted: NF Services for Age 65 or Older in IMDs
<b>CALIFORNIA</b>	Emergency Hospital Services
Added: TB-Related Services for CN and MN	<b>OHIO</b>
<b>COLORADO</b> (covers CN only)	Added: Diagnostic Services
Added: Speech, Hearing and Language Disorders	Emergency Hospital Services
D.C.	<b>OKLAHOMA</b>
Added: Case Management Services for CN and MN	Added: TB-Related Services for CN and MN
<b>FLORIDA</b>	ICF/MR Services for CN only
Deleted: Case Management Services	Psychologists' Services for MN only
<b>GEORGIA</b>	Personal Care Services MN only
Added: Physical Therapy for CN and MN	<b>OREGON</b> (Statewide Section 1115 Demonstration)
Occupational Therapy for CN and MN	Added: Psychologists' Services
Speech, Hearing and Language Disorders for CN and MN	Medical Social Workers' Services
TB-Related Services for CN and MN	Prescribed Drugs
Psychologists' Services	Rehabilitative Services
Rehabilitative Services	Transportation Services
<b>HAWAII</b> (Statewide Section 1115 Demonstration)	Case Management Services
<b>IDAHO</b> (covers CN only)	Deleted: ICF/MR Services
Added: Inpatient Psychiatric Services for Under Age 21	Christian Science Sanitoriums
<b>ILLINOIS</b>	<b>PENNSYLVANIA</b>
Added: Preventive Services for CN and MN	Added: Eyeglasses for CN only
Christian Science Nurses for CN and MN	Rehabilitative Services for CN only
Christian Science Sanitoriums for CN and MN	Case Management Services
Personal Care Services for CN and MN	Deleted: Case Management Services
Respiratory Care Services for CN and MN	<b>RHODE ISLAND</b> (Statewide Section 1115 Demonstration)
Rehabilitative Services	<b>SOUTH CAROLINA</b> (covers CN only)
<b>IOWA</b>	Deleted: Psychologists' Services
Deleted:	
<b>KANSAS</b>	

# State Medicaid Program Changes

1994<sup>1</sup>

Added:	Inpatient Hospital Services for Age 65 or Older in IMDs for CN and MN	Nurse Anesthetists' Services
Deleted:	Psychologists' Services for CN only	Speech, Hearing and Language Disorders
	Nurse Anesthetists' Services	Rehabilitative Services
	Rehabilitative Services	Case Management Services
<b>KENTUCKY</b>		
Deleted:	Nurse Anesthetists' Services	TB-Related Services for CN and MN
<b>LOUISIANA</b>		
Added:	Podiatrists' Services for CN and MN	Chiropractors' Services for CN and MN
	Chiropractors' Services for CN and MN	TB-Related Services for CN and MN
	NF Services for Under Age 21 for CN and MN	
<b>MAINE</b>		
Added:	Medical Social Workers' Services	Private Duty Nursing
<b>MARYLAND</b>		Dentures
Added:	Screening Services for CN and MN	Speech, Hearing and Language Disorders for CN and MN
	Rehabilitative Services for CN and MN	Hospice Care Services for CN and MN
Deleted:	Psychologists' Services	Psychologists' Services
	Medical Social Workers' Services	
	Nurse Anesthetists' Services	
	Respiratory Care Services	
<b>MICHIGAN</b>		
Added:	Case Management Services for CN and MN	Nurse Anesthetists' Services for CN and MN
		Medical Social Workers' Services
Added:	Case Management Services for CN and MN	Eyeglasses
Deleted:	Medical Social Workers' Services	Hospice Care Services
		TB-Related Services
<b>MINNESOTA</b>		
Added:	Case Management Services for CN and MN	
Deleted:	Medical Social Workers' Services	

<sup>1</sup> As of 10/1/94. Reflects changes since 10/1/93.

NOTES: Categorically Needy (CN) are individuals receiving federally-supported financial assistance. Medically Needy (MN) are individuals who are eligible for medical but not for financial assistance. IMDs - Institutions for Mental Diseases. ICF/MR - Intermediate Care Facilities for the Mentally Retarded. NF - Nursing Facilities. States may choose either to determine the categorical Medicaid eligibility of their aged, blind, and disabled residents, or have the Social Security Administration (SSA) make these determinations for them.

SOURCE: HCFA/MB

March 1995



**Geographical Jurisdictions of HCFA Regional Offices  
and Federal Medical Assistance Percentages  
Fiscal Year 1994**

Region	FMAP	Region	FMAP
<b>I. Boston</b>		<b>II. New York</b>	
Connecticut	50	New Jersey	50
Maine	62	New York	50
Massachusetts	50	Puerto Rico	50
New Hampshire	50	Virgin Islands	50
Rhode Island	54	Canada	—
Vermont	60		
<b>III. Philadelphia</b>		<b>IV. Atlanta</b>	
Delaware	50	Alabama	71
District of Columbia	50	Florida	55
Maryland	50	Georgia	62
Pennsylvania	55	Kentucky	71
Virginia	50	Mississippi	79
West Virginia	76	North Carolina	65
		South Carolina	71
		Tennessee	67
<b>V. Chicago</b>		<b>VI. Dallas</b>	
Illinois	50	Arkansas	74
Indiana	63	Louisiana	73
Michigan	56	New Mexico	74
Minnesota	55	Oklahoma	70
Ohio	61	Texas	64
Wisconsin	60		
<b>VII. Kansas City</b>		<b>VII. Denver</b>	
Iowa	63	Colorado	54
Kansas	60	Montana	71
Missouri	61	North Dakota	71
Nebraska	62	South Dakota	70
		Utah	74
<b>IX. San Francisco</b>		Wyoming	66
Arizona	66	<b>X. Seattle</b>	
California	50	Alaska	50
Hawaii	50	Idaho	71
Nevada	50	Oregon	62
American Samoa	50	Washington	54
Guam	50		
N. Mariana Islands	50		
Mexico	—		

SOURCE: HCFA/MB

March 1995



## **Glossary of Acronyms for Data Source Attribution**

<b>HCFA</b>	Health Care Financing Administration
<b>BDMS</b>	Bureau of Data Management and Strategy
<b>BPD</b>	Bureau of Policy Development
<b>BPO</b>	Bureau of Program Operations
<b>HSQB</b>	Health Standards and Quality Bureau
<b>MB</b>	Medicaid Bureau
<b>OACT</b>	Office of the Actuary
<b>OFHR</b>	Office of Financial and Human Resources
<b>OMC</b>	Office of Managed Care
<b>ORD</b>	Office of Research and Demonstrations
<b>HRSA</b>	Health Resource and Statistics Administration
<b>SSA</b>	Social Security Administration
<b>OACT</b>	Office of the Actuary
<b>ORS</b>	Office of Research and Statistics









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